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SUNSTAR *PROFESSIONAL ORDER FORM*

Date: _____

Doctor/RDH: _____ Customer #: _____ Ordered by: _____

Billing Address: _____ City: _____

State: _____ Zip: _____ Office Phone: ( ) _____ Office Fax: ( ) _____

Ship to Address: (if different than billing address) _____

City: _____ State: _____ Zip: _____ E-mail: _____

Type of Practice: ☐ GP ☐ Perio ☐ Pedo ☐ Oral Surgery ☐ Ortho ☐ Other: _____

License # : _____ Group/Practice Name: _____

Meeting: _____ Dealer: _____ Branch: _____

Representative Name: _____ Representative Territory # : _____ P.O. # : _____

Credit Card # : _____ EXP. Date: _____

Item #	Description	Order Quantity	$ Price*	$ Extended Price*
SUBTOTAL				$

Applicable sales tax will be included during order processing.

**Sunstar Sales Representative will fill in Price.*

Imprint Information:

Imprint Characters Per Line (2 lines total)	Without Logo	With Logo
Dome Trim® and Kids Technique®* (9pt. type)	25	16
All Other Brushes (10pt. type)	32	22

*Models 221,456,457,459

Imprint Minimum: 12 dozen imprintable brushes per item. In increments of 12 dozen.
Please allow up to 3 weeks for new imprint orders.

16 22 25 32

Notes: _____

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