Best Buy Dental Supply

10051 Simonson Rd.
Unit #9
Harrison, OH 45030

Doctor's Name: _____

Shipping Address: _____

City / State / Zip: _____

Phone #: _____

Fax #: _____

State License #: _____

DEA #: _____

FAX ORDER FORM

1-513 -202 -1570

Product Name	SKU#	Manufacturer	Quantity	Price Per Unit	Total Cost

Returning Customer? ☐ Use my existing card on file

☐ Visa ☐ Mastercard ☐ American Express

Credit Card Number: _____

Expiration Date: _____

Sub-Total: _____

Handling Fee*: _____

Sales Tax**: _____

Total Due: _____

* Please add a $12.95 handling fee to any order totaling less than $40.
Orders $40.00- $349.99 add $9.95.

**Orders shipped to Kansas add 8.5% sales tax.
Orders shipped to Ohio add 7% sales tax