

Tact-Air Systems Order Form

Customer Contact Information

Dr: _____ Email: _____
 Dental Practice Name: _____
 Address : _____
 City: _____ State: _____ Country: _____ : Zip Code: _____
 Phone Number: () _____ Fax Number: () _____
 How did you hear of us?: _____

Order Information Tact-Air Model 10-8 in \$USD

Initial purchase: _____ (please check)

Price	Shipping	Total per unit	Quantity	Total
\$1795	\$65	\$1860	1	\$1860

Additional Units: _____ (please indicate the number of additional units you require)

Price	Shipping	Total per unit	Quantity	Total
\$1615	\$65	\$1680		

Federal Tax Identification Number/Employer Identification Number (EIN) (for Border Broker purposes): _____

Please indicate wall mount or surface mount and required cable length if > 25 feet.

Collector Plate: Wall Mount _____ Surface Mount _____ Cable Length _____

Payment Information

(*required to process order)

Credit Card: Visa ___ M/C ___ or Cheque ___ (please indicate)

*Name on Card: _____

*Credit Card Number: _____ * CVN(3 digit # above signature line) _____

*Credit Card Billing Address: _____

*Expiry Date: (mm/yy) _____

*Signature: _____ Date: _____

Shipping Information

Same as above ___ (please check) or:

Address : _____

City _____ State: _____ Zip Code: _____

Contact Name: _____ Contact Number: () _____

Special Instructions: _____

Instructions: Please fill out the above ensuring complete contact details. When complete please email to tact-air@nucove.com or fax to 416-915-9053. Call 416-675-2812. Mail to Tact-Air Systems Inc. (NuCove Group), 94 Brockport Drive, Toronto Ontario, Canada M9W5C5