



STOP WHITE SPOTS NOW!! L.L.C.

www.StopWhiteSpotsNow.com

Fax to: 914-948-7429

Email to: CustomerService@StopWhiteSpotsNow.com

Date: _____

Ship to:

Name: _____

Address: _____

Telephone: _____ Email: _____

	QUANTITIES:			
	36 dozen + 432 items +	12 dozen 144 -420 items	3 dozen 36 -132 items	
SPOT LESS BRUSHES ONLY	\$2 50	\$3.50	\$4.50	x _____ = _____
SPOT LESS SYSTEMS (SPOT LESS BRUSH + a 3-pk OF B-Y-W'S)	\$3 25	\$4.25	\$5 25	x _____ = _____
SPOT LESS BASIC KITS (Pouch + Logo + SLS + Floss threaders)	\$4.55	\$5.55	\$6 55	x _____ = _____
SPOT LESS FULL KITS (SPOT LESS BASIC KIT + wax + timer)	\$5.25	\$6.25	\$7 25	x _____ = _____
SONIC ORTHODONTIC BRUSHES ONLY	\$44 00	\$54.00	\$64 00	x _____ = _____
SPOT LESS SONIC SYSTEMS (SONIC ORTHODONTIC BRUSH + a 3-pk of B-Y-W's)	\$44.75	\$54.75	\$64.75	x _____ = _____
SONIC ORTHODONTIC Ortho Brush Heads (4 pack - for SONIC ORTHODONTIC handles)	\$15.25	\$17 50	\$20.25	x _____ = _____
SONIC ORTHODONTIC Standard Brush Heads (4 pack - for SONIC ORTHODONTIC handles)	\$9.25	\$11 25	\$13.25	x _____ = _____
SONIC 4 Braces Ortho Brush Heads (4 pack for Sonicare** press-fit handles)	\$15.25	\$17.50	\$20.25	x _____ = _____
SPOT LESS LINGUALS/IMPLANT Brushes	\$3 50	\$4.50	\$5 50	x _____ = _____
ALIGNER-SHINERS	\$2 50	\$3.50	\$4.50	x _____ = _____
TINY ALIGNER Toothbrushes	\$2.50	\$3 50	\$4 50	x _____ = _____
ALIGNING CARE KIT (ALIGNER-SHINER + TINY ALIGNER Brush + Case w/clips)	\$6.50	\$9.00	\$11.50	x _____ = _____
STOP WHITE SPOTS NOW!! Fluoride Rinses: (500 ml: must specify 0.05% NaF or 0.044% APF)	\$5.25	\$5 75	\$6 25	x _____ = _____
(250 ml: must specify 0.05% NaF or 0.044% APF)	\$4 75	\$5.25	\$5 75	x _____ = _____
STOP WHITE SPOTS NOW!! 0.4% SnF2 Gel (4.3 oz)	\$4.75	\$5.25	\$5 75	x _____ = _____
BEHIND-YOUR-WIRES BRUSHES ONLY (each):	\$1.50	\$2 00	\$2.50	x _____ = _____
Bathroom Mirror Reminder Decals:		\$6.00/Dozen		x _____ = _____
Goodie/Sample Bags:		\$6.00/Dozen		x _____ = _____

FREE CUSTOM IMPRINTING ON SPOT LESS BRUSHES, SONIC ORTHODONTIC HANDLES & ALIGNING CARE CASES

UPPER CASE: ○○○
(Darken)
FIRST LINE: □□

UPPER CASE: ○○○
(Darken)
SECOND LINE: □□
(optional)

UPPER CASE: ○○○
(Darken)
THIRD LINE: □□
(optional)

SUBTOTAL: _____ **TAX (NY, WI ONLY):** _____ **S&H:** _____ **TOTAL:** _____

I understand that toothbrushes are not returnable unless damaged in shipping.

Agree and certified: _____ Date: _____

Print Name: _____

*Sonicare® is a registered trademark of Philips Oral Healthcare, Inc.