



SPOTLESS SMILES



www.StopWhiteSpotsNow.com

Fax to: 914-948-7429

Email to: CustomerService@StopWhiteSpotsNow.com

STOP WHITE SPOTS NOW!

Date: _____

Ship to:

Name: _____

Address: _____

Telephone: _____ Email for Invoicing: _____

QUANTITIES: 36 dozen+
432 brushes+ 12-35 dozen
144-420 brushes 3-11 dozen
36-132 brushes

THE SPOT LESS

WUNDERBRUSH FOR BRACES

the brush that fits *behind* brackets and hooks! (each): \$2.50 \$3.50 \$4.50 x _____ dozen

The ALIGNER SHINER

fits in the case with aligners & retainers! (each): \$2.50 \$3.50 \$4.50 x _____ dozen

THE WUNDERBRUSH FOR GUMS

perfect for fixed lingual retainers! (each): \$3.00 \$4.00 \$5.00 x _____ dozen

THE IMPLANTCLEAN WUNDERBRUSH

perfect for lingual appliances! (each): \$3.50 \$4.50 \$5.50 x _____ dozen

FREE CUSTOM IMPRINTING ON ALL BRUSHES (3 dozen Minimum quantity, for each brush variety ordered)

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

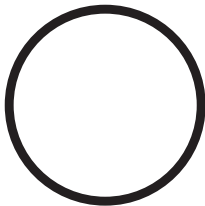
UPPER CASE: ○○○
(Darken)
SECOND LINE: □□
(optional)

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

Imprinting for all **WUNDERBRUSHES**



Imprinting for **ALIGNER SHINERS** is up to one inch in diameter, on one side – text and/or logo



SUBTOTAL: _____
TAX (NY, WI ONLY): _____
SHIPPING + HANDLING: _____
TOTAL: _____

Please note that final invoice will be e-mailed and must be paid before custom imprinting is processed.

NOTES:

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

Agree and certified: _____ Date: _____

Print Name: _____