

## ORDER FORM | BITEPLATE KIT

**USA, CANADA OR AUSTRALIA**  
LOCATED CUSTOMERS ONLY<sup>1</sup>

**PLEASE SEND VIA FAX TO:** 1 866 320 2004 (USA, CA)  
0011 49 228 286206-972 (Australia)

### BILLING ADDRESS

Name / Clinic:

Customer No.:

Street / House No.:

Floor:

City / State

ZIP Code:

Country:

Phone:

Email:

Fax:

Contact:

VAT-ID:

### ORDER

Description of the product	Quantity	Unit Price (excl. VAT)	Total Price
Biteplate Kit <i>(incl. CD-ROM and shipping box)</i>			

### POSTAGE AND HANDLING CHARGES<sup>2</sup>

FedEx International Priority

22.00 USD to USA & Canada

35.00 USD to Australia

### CREDIT CARD INFORMATION

**Credit Card**

MasterCard

VISA

American Express

Credit Card Holder:

Expiry Date:

Credit Card No.:

### Credit Card Charge Authorization

I (we) hereby authorize SICAT GmbH & Co. KG to charge my (our) credit card account listed above for the amount payable for products or services ordered by me (us). I (we) understand that any payments are based on the current price information.

SICAT GmbH & Co. KG reserves the right to charge this account without requiring the customer's signed authorization for each transaction. I (we) understand that I (we) may notify SICAT GmbH & Co. KG by written request at anytime to terminate this authorization. Also, SICAT GmbH & Co. KG reserves the right to terminate this authorization agreement at anytime. It is my (our) responsibility to update this credit card information.

This authorization will remain in effect until SICAT GmbH & Co. KG is notified by me (us) in writing to cancel it.

### SIGNATURE

Date

Signature

1. Customers in **Australia**: please **dial 01** before continuing with the given number.
2. For each shipment from SICAT to customer an additional FDA Fee of 20 USD will apply. (For US customers only)