

QUANTITY	
<input type="checkbox"/>	PEDO/CHILD CRANE
<input type="checkbox"/>	SHORT CRANE
<input type="checkbox"/>	REGULAR CRANE
<input type="checkbox"/>	TALL CRANE
<input type="checkbox"/>	REPLACEMENT PAD SET

NAME _____

TELEPHONE NUMBER _____

FAX NUMBER _____

EMAIL ADDRESS _____

DENTIST OSTEOPATH MEDICAL DOCTOR

CHIROPRACTOR OTHER _____

MEDICAL LICENSE NUMBER _____

ISSUING STATE _____

BILLING ADDRESS _____

CITY, STATE _____

POSTAL CODE _____

SHIPPING ADDRESS _____

CITY, STATE _____

POSTAL CODE _____

___ BUSINESS ___ RESIDENTIAL

CREDIT CARD ___ VISA ___ MASTERCARD

NAME ON CARD _____

CARD NUMBER _____

EXPIRY DATE _____

CCV CODE _____

I AUTHORIZE THE CREDIT CARD NUMBER LISTED ABOVE TO BE CHARGED ON _____,

IN THE AMOUNT OF _____, FOR PRODUCTS AND SHIPPING. THE NAME 'ASHTON LAB' WILL

APPEAR ON THE CREDIT CARD STATEMENT, WITH THE TELEPHONE NUMBER 828.243.4131.

AUTHORIZED SIGNATURE