FAX ORDER FORM

PWG ORTHODONTIC SPECIALTIES LTD.
www.pwgortho.com

795 Carson Ave. Suite 1
Dorval, QC H9S 1L7 CANADA
Telephone: 514-538-4002 / 1-855-538-4002
Fax: 514-538-6521
Email: info@pwgortho.com

Step 1 *Account Information*

Complete this step if you already have an account with PWG Orthodontic Specialties Ltd.

Full Name:

Phone Number:

Step 2 *Shipping and Billing Information*

Complete this step if this is your first time ordering from PWG Orthodontic Specialties Ltd or if the shipping and billing address is different from your previous order.

Ship to:

Full Name	
Company	
Address	
City, State/Province	
Zip/Postal Code	
Country	
Phone	
Fax	
Email	

Bill to: Same as shipping: ☐

Full Name	
Company	
Address	
City, State/Province	
Zip/Postal Code	
Country	
Phone	
Fax	
Email	

Step 3 *Items to be Purchased*

ClearBows are not sold individually.
Refer to pwgortho.com for details.

Item Name / SKU	Quantity

Step 4 *Order Review*

An invoice will be sent to your fax and email before processing your order. Please provide us with the required information below after confirming the order details.

I authorize you to bill my credit card for: $ US

Reference number:

Visa ○
Mastercard ○

Credit card number:

Expiration date: MM YY

Security code:

Signature: