



650 Franklin Ave, Hartford, CT 06114  
 PH: 860.296.2500 FX: 860.947.3288

**Order & Pricing Form**  
**UCHC #10-070 Dental Caps**  
**Clinic**  
 From Uconn Health Center

**Company, contact, and payment information**

Company: \_\_\_\_\_  
 Ordered By: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

| <u>Payment Options</u> |
|------------------------|
| Check _____            |
| JMCO Account _____     |
| Credit Card _____      |
| # _____                |
| Exp _____              |

**Package and quantity**

| <u>Package</u>         | <u>Price*</u> | <u>Qty</u> |
|------------------------|---------------|------------|
| Complete Set Plans     | \$ 30.00      |            |
| Complete Set Bid Specs | \$ 40.00      |            |

**Total**

**\$ 70.00 PLUS TAX**

***\*Does not include tax, shipping or delivery.***

**Shipment information**

**Shipping Method\*\*:** \_\_\_ Pickup JMC Hartford \_\_\_ Delivery (Hartford Area) (\$15.95)

FedEx: \_\_\_ Priority Overnight \_\_\_ Standard Overnight \_\_\_ 2<sup>nd</sup> Day

UPS Ground (*next day to many CT area locations*): \_\_\_

Your FedEx or UPS Account #: \_\_\_\_\_ + (\$15 shipping and handling)

**Notice:** Please allow at least **24-48 hours** from time of order until shipment.  
 Any incomplete or incorrect information may result in delay of order processing.

**Fax this form to 860.947.3288**