

Dentist Warranty Validation

Doctor, please fill out and return this card promptly. This should be completed and returned within ten days of installation of equipment to register your warranty.

Product Description _____

Serial # _____ Installation Date _____

Dealer _____

Name _____

Address _____

Street

City

State

Zip

Phone _____ Fax _____ E-mail _____

Specialty _____ No. of Dentists _____ No. of Operatories _____

What influenced you to buy this product? Product Features Price

Manufacturer's Reputation Dealer Recommendation Other _____

When do you plan on purchasing again for your office?

1 to 6 months 6 months to a year Year to 2 years 2 years +

Please, mark products you would like more information about:

Chairs/Stools Units Lights Cabinetry Low Speed Handpieces Diamonds/Burs

High Speed Handpieces Prophy Handpiece Hand Instruments Compressors Vacuum Pumps

E-lectric Handpiece Sonic Scaler Lab Benches

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62753 I

OR PROCESS YOUR CARD ONLINE
GO TO WWW.DENTALEZ.COM





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NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 167 MALVERN, PA

POSTAGE WILL BE PAID BY ADDRESSEE



MARKETING COMMUNICATION DEPT.
DENTALEZ
2 W LIBERTY BLVD STE 160
MALVERN, PA 19355

