



Repair / Order From

7489 NW 48 Street
Lauderhill, FL 33319
Tel: (877) 373-6689
Fax: (954) 281-4687

Date: _____

Payment

Check: ___ Visa: ___ Mastercard: ___

Discover: ___ Amex: ___

Card # _____

Exp. Date: _____ CVN# _____

Customer Name: _____

Address: _____

City _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____

By providing your email you are granting Tony Riso Co to contact you regarding promotions

I do not wish to receive promotions through email

Insert Repair: Type of tip required

Frequency Required _____ 25K _____ 30K Total Inserts: _____

P-style equals external water flow/ IF-style equals internal water flow

- | | | |
|---------------------------------------|--|----------------------|
| _____ x P-50 (standard universal) | _____ x IF-50 (plastic grips/standard) | _____ x C/J (nozzle) |
| _____ x P-100 (perio universal) | _____ x IF-100 (plastic grips/perio) | _____ x P/J (nozzle) |
| _____ x P-100R (right perio curve) | _____ x IF-100 (right perio curve) | |
| _____ x P-100L (left perio curve) | _____ x IF-100 (left perio curve) | |
| _____ x TIS (titanium implant scaler) | _____ x TIS (implant scaler tips) | |
| _____ x P-5 (beaver tail) | _____ x IF-5 (beaver tail) | |

New insert order: Specify quantity and type required: _____

New Model 25/30 Ultrasonic Unit Order: _____

Comments: _____

Unit Repair - Model: _____ S/N: _____

An insert should be sent along with the unit and all accessories sent with the unit must be listed

Nature of problem: _____

I agree to pay the total amount due according to card issues agreement

Authorized Signature: _____

Send your items by insured and traceable carrier, Tony Riso co cannot be held responsible for items not received.



As Tony Riso Company continues to expand and improve both products and service to current and future customers, we are proactively requesting your cooperation in securing authorizations for both facsimile and e-mail communications. The Federal Trade Commission will soon begin enforcing the requirements of The Telephone Consumer Protection Act which requires that our company secure your permission to continue to send you facsimiles containing timely information. The attached "Authorization" will allow us to continue doing business-as-usual with you. Please complete the facsimile authorization section as well as the email authorization section and return the form to us as soon as possible. You will always have the option of having your company removed from our contact lists.

Tony Riso Company has some exciting innovative products and services in our pipeline. We hope to be sharing these with you in the very near future. Thank you for your cooperation, and we appreciate your interest and patronage.

PLEASE PRINT CLEARLY, then FAX TO 954 281 4687

COMPANY NAME: _____

ADDRESS: _____

CITY STATE ZIP: _____

AUTHORIZED FACSIMILE NUMBER: _____

AUTHORIZED E-MAIL ADDRESS: _____

AUTHORIZED SIGNATURE: _____