

Flossie Order Form

<u>Price per Flossie</u>	<u>Shipping and Handling (S&H)</u>
(1-5 @ \$1.00 / each) No. _____ x \$1.00 = \$ _____.	+ \$1.00 S&H
(6-10 @ \$0.90 / each) No. _____ x \$0.90 = \$ _____.	+ \$1.65 S&H
(11-20 @ \$0.85 / each) No. _____ x \$0.85 = \$ _____.	+ \$2.45 S&H
(21-40 @ \$0.80 / each) No. _____ x \$0.80 = \$ _____.	+ \$3.85 S&H
(41-60 @ \$0.75 / each) No. _____ x \$0.75 = \$ _____.	+ \$5.85 S&H
(61-80 @ \$0.70 / each) No. _____ x \$0.70 = \$ _____.	+ \$7.45 S&H
(81-100 @ \$0.65 / each) No. _____ x \$0.65 = \$ _____.	+ \$8.85 S&H
* Bulk orders	
Totals	\$ _____.
(Calif. Residents Only) plus 7.75% CA sales tax	\$ _____.
Plus S&H	\$ _____.
Total: \$ _____.	

To Order:

<p>Copy and send order form with payment to:</p> <p>If paying by check: Make checks payable to: David R. Crouch, DDS Website www.myflossie.com</p>	<p>MyFlossie, Inc. P.O. Box No. 12497 Newport Beach, CA 92658 714.532.288</p>
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Billing Information:

Type of credit card: Visa , MasterCard , American Express , Discover .
Full Name on Credit Card: _____ email _____
CC Billing Address: _____ Apt/Suite: _____
Street: _____ City: _____ State: ____ Zip: _____
Credit Card Number: ____ - ____ - ____ - ____ Exp. Date: ____ / ____ Sec. Code: _____
Card Holder Signature: X _____ Date _____ : ____ / ____ / ____

Ship To:

If shipping address is different, please enter shipping information:	
Name: _____	email address _____
Street: _____	City: _____ St: ____ Zip: _____

Flossie: "Keeps Your Teeth Healthfully Clean"

From the Dentist that Re-inventing Flossing

*For larger quantities and pricing please contact Dr. David R. Crouch at [MyFlossie, Inc.](#)