

TOOTH WHITENING KIT

IMPRINTING ORDER REQUEST FORM



The latest version of Adobe Reader is required to use this form. [Download HERE.](#)

If you would like to imprint your Tooth Whitening Kit order, please fill out all of the fields in this digital order request form using **Adobe Reader** (click to download latest version). Once you are finished, save the Adobe Reader PDF document to your desktop. Attach the document in an e-mail, and send it to us at imprinting_us@maxill.com. Once we have received your imprinting order request form, a sales representative will contact you within 2 business days to verify your order.

Office Name: _____ Date: _____ Customer No.: _____
(If previous customer)

Office Phone Number: _____ Full Address: _____

Office Fax Number: _____

E-mail: _____ Website: _____ Product Quantity: _____

Imprintable Tooth Whitening Products

The products listed in the chart below are imprintable products. Select one product below.
You must fill out a separate order request form for each product.

Select One	Product
<input type="radio"/>	Touch-Up Tooth Whitening Pen #40545
<input type="radio"/>	Mini Tooth Whitening Kit #40544
<input type="radio"/>	Touch-Up Tooth Whitening Kit #40540

Select One	Product (Con't)
<input type="radio"/>	Tooth Whitening Kit - 1 pc Refill #40541
<input type="radio"/>	Tooth Whitening Kit - 3 pc Refill #40542
<input type="radio"/>	Tooth Whitening Kit - 5 pc Refill #40543

Customer Logo or Supplied Artwork

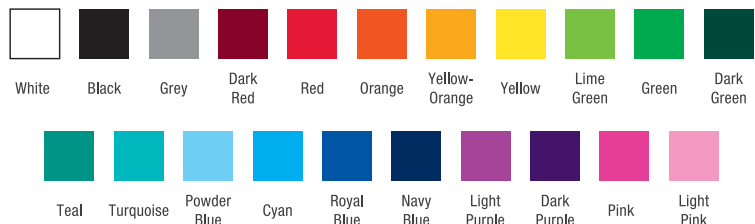
Yes, I am supplying a logo/artwork. **No**, I am not supplying a logo/artwork.

If you are submitting a logo or artwork, e-mail it to imprinting_us@maxill.com. A logo in vector format is preferred, however we will also accept raster files with a resolution of 300 dpi at 3.5" wide. Print quality for raster images under 300 dpi can't be guaranteed. We accept .jpeg, .tiff, .psd, .eps, .ai, and .pdf file formats.

If you have any questions pertaining to artwork file formats, please call us at 1-855-462-9455.

Font and Color Options

- 1. **Avant Garde**
- 2. **Helvetica**
- 3. **Gotham Rounded**
- 4. **Garamond Premier**
- 5. **Versa Black**
- 6. **Stone**
- 7. **Myriad Pro**
- 8. **Impact**



Imprintable Information

Please enter the information you would like imprinted. You can also specify the fonts and colors you would like used for each section. If your order includes Tooth Whitening Pens, please fill out the information for the whitening cards as well as the pen labels. **Please ensure all information is correct before submitting.**

Sample Whitening Kit Card

#40545, #40544, 40540, 40541, 40542, 40543



Logo/Office Name (leave blank if you are supplying a logo/artwork)

 _____ Font
 _____ Text Color

 (max. 30 characters, 3 lines)

Product Identifier

 _____ Background Color
 This statement identifies the type of kit the card is for. _____ Font
 While the statement itself cannot be changed, the font and color can be customized. _____ Text Color

Message

 _____ Background Pattern Color
 _____ Font
 _____ Text Color

 (max. 90 characters, 5 lines)

Contact Info

 _____ Background Color
 _____ Font
 _____ Text Color

 (max. 55 characters, 3 lines)

Sample Whitening Pen/Syringe Label



Logo/Office Name (leave blank if you are supplying a logo/artwork)

 _____ Font
 _____ Text Color

 (max. 38 characters, 2 lines)

Message

 _____ Background Color
 _____ Font
 _____ Text Color

 (max. 38 characters, 2 lines)