



LM Instruments Order Form - EcoAct 2017

(please photocopy if more space is needed)

Account Name: _____

Customer Number (if known): _____

Delivery Address: _____

Phone: () _____

Email: _____

	Code/ Instrument type	Quantity - Handle Style (write quantity in box)			
		ErgoNorm#	ErgoMax#	ErgoSense	ErgoMix/ ErgoSingle
1	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15	_____	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total No. Instruments ordered:					<input type="text"/>

***Conditions:**

To receive replacement LM Instruments please deliver your old instruments of any brand and condition to TrollDental PO Box 3013 Wollongbar NSW 2477

Please use the QR Code or email head.office@trolldental.com to request an order form.

[Facebook.com/TrollDentalAustralia](https://www.facebook.com/TrollDentalAustralia)

Please complete this Order Form scan and email to head.office@trolldental.com

Fax to: 02 6628 1844

or Post with your return instruments to:

Trollplast Pty Ltd | P.O. Box 3013 | Wollongbar NSW 2477

Call us on 1800 064 645 for a copy of the LM Limited Warranty Statement