

# Order Form

### INSTRUCTIONS

Please fill the form with the number of products you would like to purchase. Send the order form to [sales@rocket.direct](mailto:sales@rocket.direct) or call **512.348.6482** for direct assistance. A sales representative will contact you to finish your order.

Date: \_\_\_\_\_

### CUSTOMER DETAILS

First Name:	Last Name:
_____	_____
Phone:	Email:
_____	_____

### SHIPPING DETAILS

Address Line 1:	
_____	
Address Line 2:	
_____	
City:	Zip:
_____	_____
State:	Company Name:
_____	_____
Recipient's Name:	Recipient's Contact Phone:
_____	_____

### ORDER DETAILS

No	Product	Size	Quantity
01	Case of 4 mil Nitrile Gloves for Dentistry 510(k)	S	_____
02	Case of 4 mil Nitrile Gloves for Dentistry 510(k)	M	_____
03	Case of 4 mil Nitrile Gloves for Dentistry 510(k)	L	_____
04	Case of 4 mil Nitrile Gloves for Dentistry 510(k)	XL	_____
05	Case of Level 3 masks 510(k)	Adult	_____

\* A case of gloves contains 10 boxes of 100 nitrile boxes each (1000 gloves)  
\* A case of Level 3 masks contains 50 boxes of 50 masks each (2500 masks)