



D E N T A L G R O U P

UMBRELLA DENTAL GROUP INC.  
2188 QUEENSWAY DRIVE,  
UNIT # 5  
BURLINGTON, ON  
L7R 3T1

CUT ALONG LINE AND ATTACH LABEL TO OUTSIDE OF BOX.  
PUT SIGNED LOWER SECTION IN THE BOX WITH EQUIPMENT

By signing this document you understand that you will be provided with a written quote **(If repair is deemed NOT covered by warranty)** and no work will be started without your signed authorization of the quote. Umbrella Dental Group Inc. is not responsible for equipment left after 30 days from the date of quote. Equipment will be disposed of or recycled at the discretion of Umbrella Dental Group Inc.

Customer Name  
Address  
City, Province  
Postal Code

AUTHORIZED SIGNATURE: **X**

NAME: **X**

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(PLEASE PRINT)

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All Dental Supplies & Equipment - COVERED