

Diamond Dental Software Order Form

PO Box 19898, Portland OR 97280

Phone: 800-460-3294

New Website: www.dds-diamond.com

New Email: info@dds-diamond.com

Bypass the order form by scanning the QR code and pay quickly and easily using your phone.



Your Dental Office Information

Are you a current Diamond Dental customer? Yes ___ No ___

Practice Name _____

Doctor Name _____

Contact Name _____

Office Street Address _____

Office City, State, Zip _____

Office Phone _____

Office Email _____

How do you want to receive the required download password? By Email ___ By Phone ___

Payment Information

Customers who are current with their subscriptions will have access to ongoing telephone support and permission to download the latest version whenever they desire

___ **Monthly (\$54 per month)** Credit Card/Debit Card Only. You will receive the Download Password by the method you indicated above. Your card will automatically be charged each month for a minimum of 12 months. After 12 months you may contact us to cancel. Otherwise, charges, support, and download privileges will be ongoing.

___ **Yearly (\$595 for one year)** Card or Check is OK. During your subscription year you will have ongoing support and download privileges. Before your year ends, we will send you a reminder to renew your subscription. Otherwise, your support and download privileges will expire.

___ **USB Installation Flash Drive (add \$15 to total)** You will receive the program on a USB Flash Drive by regular mail. You still have the option to download the program if desired.

Total Amount Enclosed \$ _____

For Credit Card Orders Please Fill in Card Information Below...

Type of Card: Visa ___ MasterCard ___ Discover ___ AMEX ___

Card# ___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___ / ___ ___ ___ ___

Expires (MM/YY) ___ / ___

Security Code _____

Name as it appears on card _____

Street Address *where card is billed* _____

Zip Code *where card is billed* _____