


FROM: _____

 POSTAGE DUE COMPUTED BY DELIVERY UNIT

POSTAGE _____
 TOTAL POSTAGE AND FEES DUE _____

NO POSTAGE
 NECESSARY
 IF MAILED
 IN THE
 UNITED STATES


 DentoolHandpieceRepair.com
 719-646-2988

FIRST CLASS MAIL

MERCHANDISE RETURN SERVICE

PERMIT NO. 11
PARKER, CO. 80134-9998

DENTOOL HANDPIECE REPAIR
10443 TOMAHAWK RD.

POSTAGE DUE UNIT
 US POSTAL SERVICE
 18695 PONY EXPRESS DR
 PARKER, CO. 80134-9998

Cut on dotted line: Attach the above label to your package and drop in the mail.

Include: Business Card or Contact Information

Handpiece serial # and Problem: above:	<input type="checkbox"/> Pre Approved for \$_____	<input type="checkbox"/> Call with Estimate
Handpiece serial # and Problem: above:	<input type="checkbox"/> Pre Approved for \$_____	<input type="checkbox"/> Call with Estimate
Handpiece serial # and Problem: above:	<input type="checkbox"/> Pre Approved for \$_____	<input type="checkbox"/> Call with Estimate
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