



SPECIALIZING IN DENTAL EQUIPMENT SALES & REPAIR

TO: Dental office manager

RE: 2009 LABOR RATES

Due to the higher costs of doing business we have increased our rates. Effective 09/2009 our prices are as follows:

We charge \$180.00 minimum for the first hour and then \$35.00 for every quarter hour that follows. After 5:00 pm Monday-Friday and all day on weekends the price is \$270 per hour with a one hour minimum.

This does not include expenses (i.e. parking and parts)!

Shop repairs are billed at \$35.00 per ¼ hr, with a 1 hour minimum.

On all new accounts, our payment terms will be COD until you establish credit with us. Please sign below that you have been informed and agree to these prices. Repairs will not be performed until a signature is provided.

_____	_____	_____
SIGNATURE	PRINT NAME	DATE
DOCTORS NAME/NAME OF OFFICE _____		
ADDRESS _____	CITY: _____	STATE: _____
PHONE: _____	FAX: _____	email: _____

For any questions please feel free to call us at any time. Thank you for your business.

Regards,

Eric Strohmeier  
President  
Allstar Dental, Inc.

TO: DOCTOR'S OFFICE  
FROM: ALLSTAR DENTAL  
SUBJECT: RENTALS

In addition to our service charge our rental charges will be as follows:

Autoclave	\$125.00
Compressor	\$160.00
Vacuum Pump	\$160.00
Unit Light	\$125.00

***The above are monthly fees invoiced up front. The Rental fees will be invoiced monthly until the item is returned.***

Our rentals have been tested in our office and are up to manufacturer's specifications.

It is the responsibility of office personnel to operate this piece of equipment properly.

Any damages to equipment will be billed to the office.

Upon delivery our serviceperson instructs at least one assistant on the use of the rental.

If there are any questions on how to operate equipment please feel free to call.

Eric Strohmeier  
Allstar Dental, Inc.

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

Print Name and Name of Office: \_\_\_\_\_

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