



Teeth By Dnash



Terms And Conditions Waiver form

This form must be completed, signed, and sent with your molds before your order can be filled. If you are under 18, your parent or legal guardian MUST read this form and co-sign it for you. Please print as clearly as you can. Thanks, dnash.

1. No Warranty

The device you have just purchased from Teeth By Dnash should provide satisfactory service if used properly and in accordance with the information set out on the accompanying care form. THIS DEVICE IS NOT WARRANTED OR GUARANTEED, EITHER EXPRESSLY OR BY IMPLICATION, FOR SUITABILITY FOR ANY PARTICULAR PURPOSE. NOR IS THERE ANY SUCH WARRANTY AS TO MATERIALS OR WORKMANSHIP. TEETH BY DNASH SHALL NOT BE RESPONSIBLE OR LIABLE FOR BREAKAGE OR MALFUNCTION, AND NO RETURNS OR REFUNDS WILL BE ACCEPTED OR MADE.

2. Purchaser's Representation and Acknowledgment

The undersigned Purchaser of a device from Teeth By Dnash:

Represents: That he/she is at least eighteen (18) years old as of the date appearing below (or if the purchaser is less than eighteen (18), this statement MUST be countersigned by a parent or legal guardian); and

Acknowledges and Agrees: (i) that the device is designed solely for costume purposes and is in no way intended to replace, supplement or perform the function of a natural tooth; (ii) that the device must not under any circumstances be worn on or affixed to an acrylic or other artificial denture or tooth (Teeth By Dnash MUST be made aware of the presence of ANY artificial teeth before the molding process is begun); (iii) that the device has been designed to fit over a specific tooth and must be worn only on such tooth; (iv) that the device must not be affixed in any way to the tooth other than by fitting it onto the tooth for which it was designed, or by the instructions provided by Teeth By Dnash; and (v) that Teeth By Dnash shall not be liable for, and shall be indemnified by the Purchaser against, any claim, loss or damage resulting from any shifting, movement or loss of any tooth and any other damage of whatsoever nature and howsoever caused by the device, whether to the Purchaser or to any third person.

3. Do you have any existing TEMPORARY crowns or permanent bridge work? **YES NO**

4. Are you scheduled for any upcoming dental work that affects the teeth you are having capped or the teeth directly next to them? **YES NO**

5. Do you plan on having your teeth bleached in the near future? **YES NO**

6. Would you like to be included in my rogues gallery, an online listing of those who wear my art? Your entry includes a picture, a brief bio, and inclusion of your personal homepage and/or email? **YES NO**

Purchaser's signature Purchaser's parent or guardian (if under 18) Date

Name (printed) _____ e-mail address _____

Homepage (optional) _____

please email a picture of yourself in your new fangs once you receive them, if you wish to be featured in the rogues gallery.

How did you hear of Teeth By Dnash? **Internet search** **Word of mouth**

Other (explain) _____

Mailing address _____ City _____

State _____ Zip _____ - _____ Country _____ Phone _____

Teeth By Dnash

custom fang order form

All current prices can be found at <http://teethbydnash.com/purchase/cfpriceslist/>

Style Desired _____ Length _____

Shade Prescription (please check one)

Vita Lumin

- | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-------------------------------|-----------------------------|
| <input type="checkbox"/> A1 | <input type="checkbox"/> A2 | <input type="checkbox"/> A3 | <input type="checkbox"/> A3.5 | <input type="checkbox"/> A4 |
| <input type="checkbox"/> B1 | <input type="checkbox"/> B2 | <input type="checkbox"/> B3 | | <input type="checkbox"/> B4 |
| <input type="checkbox"/> C1 | <input type="checkbox"/> C2 | <input type="checkbox"/> C3 | | <input type="checkbox"/> C4 |
| <input type="checkbox"/> D1 | <input type="checkbox"/> D2 | <input type="checkbox"/> D3 | | <input type="checkbox"/> D4 |

If your dentist has not provided you with a prescription that matches one of the choices above, please contact me.

OPTIONS: please describe any custom options in the space below. You may also include any pictures with your order to insure you get exactly what you want.

NOTES: if you need to add any extra information, please include it here.

Fang Cost _____

Options Cost _____

Rush order (\$25 per PAIR, not SET) _____

Shipping (please check one) domestic- Priority - \$15.00 Express Mail - \$30.00

international- Global Priority - \$50.00 Global Express - \$70.00 _____

Domestic Shipping options (please check choices) delivery confirmation - \$0.50

insurance – up to \$500 - \$5.00

insurance – \$500 + - \$10.00 _____

PAYPAL: If you choose to use paypal, please include an additional 3.5% of the combined total to cover processing fees. _____

Total: (Please note: All funds MUST be in U.S. dollars.) _____

Orders should be addressed to Teeth By Dnash, P.O. Box 1075, Stratford, CT. 06615. U.S.A.

At this time, I accept cheques, money orders, or pay pal for mail order. Cheques should be made to Teeth By Dnash. International customers should also be aware that their cheques MUST contain a proper U.S.10 digit routing number. This reduces the likelihood of your payment being held up in collections. It also reduces the chance of a bank fee for currency exchange. Most banks and lending institutions offer this option free of charge.