

# Remarketing



6230 California Street, San Francisco, CA 94121  
Phone 415-831-1234 Facsimile 415-823-4070  
info@OrthoFundingGroup.com www.OrthoFundingGroup.com

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Name \_\_\_\_\_

Business address \_\_\_\_\_

Daytime phone \_\_\_\_\_

Looking to dispose or obtain equipment? \_\_\_\_\_

Email address \_\_\_\_\_

Best time to call \_\_\_\_\_

**ORTHO FUNDING GROUP**