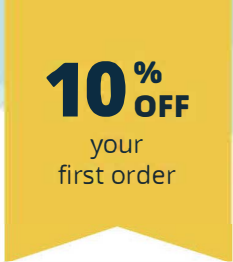




# New Account Form



## Practice Information

Business Name \_\_\_\_\_ Year Established \_\_\_\_\_

Primary Dentist \_\_\_\_\_ License# \_\_\_\_\_

Dental School \_\_\_\_\_ Birthday \_\_\_\_\_

Associate Dentist \_\_\_\_\_ License# \_\_\_\_\_

Accounts Payable \_\_\_\_\_

Office Manager \_\_\_\_\_

Dental Assistants/Staff Contacts \_\_\_\_\_

Billing Address \_\_\_\_\_

Shipping Address \_\_\_\_\_

Office Hours \_\_\_\_\_ Website \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## Payment Information (all credit information is strictly confidential)

- I prefer to pay by check or call with a credit card payment each month
- Please charge my credit card automatically each month

Card Type  Visa  Mastercard  Discover  American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_ CVC \_\_\_\_\_

Name on Card \_\_\_\_\_

Address of Card \_\_\_\_\_

Authorized Signature \_\_\_\_\_

## Acceptance of Terms

I have read, understand and agree to the Design Dental Laboratory Terms and Conditions:

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

## OUR CONTACTS

192 Shoemaker Ln., Agawam MA 01013

Web: [design-dl.com](http://design-dl.com)

Phone: (413) 314-9619

Email: [diana@design-dl.com](mailto:diana@design-dl.com)