

New Account Form



Account details:

Company Name: <input type="text"/>	ABN: <input type="text"/>	Practice Phone number: <input type="text"/>
Practice Name: <input type="text"/>	Accounts Email Address: <input type="text"/>	
Practice Address: <input type="text"/>		
Billing Address: <input type="text"/>		
Owner/Principle Dentist Name: <input type="text"/>	Owner/Principle Dentist Email Address: <input type="text"/>	
Affiliated Practices (Same owner): <input type="text"/>		

Practitioners: (please list all practitioners working in the practice that will be authorised to use this account)

Practitioner Name: <input type="text"/>	Practitioner Name: <input type="text"/>
Practitioner Name: <input type="text"/>	Practitioner Name: <input type="text"/>
Practitioner Name: <input type="text"/>	Practitioner Name: <input type="text"/>
Practitioner Name: <input type="text"/>	Practitioner Name: <input type="text"/>

Additional Information

Services Relevant to your practice:

- Digital Scans (CEREC/Trios/Medit/iTero)
- Digital Design Service
- Implant Surgical Guides
- High Aesthetic Ceramics
- Full Contour Zirconia/Emax Crown
- Gold Crowns
- Chrome/Valplast Dentures
- Acrylic Dentures
- Splints, retainers, mouthguards
- Other: _____

- I would like information about how I get a new DentsplySirona Intraoral scanner, with rebates of up to 100% of my monthly repayments

How did you hear about us?

I hereby certify that the above information is correct. Having authority to sign on behalf of the company above, I have read and understand the Terms and Conditions associated with this account and agree to be bound by those terms with respect to this new account with Premium Dental Lab.

Name: _____

Position: _____

Signature: _____

Date: _____