New Account Form

MODERN
Dental Laboratory Canada

Please email to **info@ModernDentalCanada.com** or return this form with your first case.

Practice Information

Business Name: _____ Year Established: _____

Primary Dentist: _____ License #: _____

Associate Dentist: _____ License #: _____

Accounts Payable: _____ Office Manager: _____

Dental Assistants/Staff Contacts: _____

_____

Shipping Address: _____

Office Hours: _____ Website: _____

Phone: _____ Fax: _____ Email: _____

How did you hear about us? _____

Payment Information

❍ I prefer to pay by check each month.

❍ I prefer to pay by EFT each month.

Acceptance of Terms

I have read, understand, and agree to the Modern Dental Laboratory USA General Terms and Conditions.

*(Please see **www.ModernDentalCanada.com/terms-conditions** for details).*

Authorized Signature: _____ Date: _____

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