MDS
DENTAL LAB

NEW ACCOUNT FORM

Please complete all sections

1 PRACTICE INFORMATION

Practice Name					
Practice Address					
Suburb		State		Postcode	
Phone					
General Communications Email					
ABN					
Practice Manager / Accounts Contact					
Accounts / Billing Email					
Accounts / Billing Phone					
Preferred Method of General Communication	☐ Email		☐ Phone		☐ SMS

2 BILLING & SHIPPING ADDRESS

Billing Address					
Suburb		State		Postcode	
Is the shipping address the same as the billing address?	☐ Yes		☐ No		
Shipping Address					
Suburb		State		Postcode	

3 DENTIST INFORMATION

Dentist Name			
Email			
Mobile			
Preferred Contact Method	☐ Email	☐ Phone	☐ SMS

4 ADDITIONAL DENTIST(S) AT PRACTICE

Dentist Name	Email	Mobile

5 AUTHORISATION

I confirm that the information provided above is accurate and authorise MDS Dental Lab to create an account for the practice and its nominated dentist(s).

Name		Position	
Signature		Date	DD / MM / YYYY