



## NEW LABORATORY ACCOUNT

Dental Lab Name: \_\_\_\_\_

Dental Office Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

SELLER'S PERMIT #: \_\_\_\_\_ (attach a copy of Seller's Permit form located on website)

Perfect Smile Dental Ceramics, Inc. requires a credit card in order to activate a New Account. All Dental Labs understand that all copings are on a COD basis. This credit card will only be charged when case(s) are completed. We accept all major credit cards. By providing the New Lab Account form the lab or individual agrees to be held financially responsible for all and any debts incurred at Perfect Smile Dental Ceramics, even if the dental office is presently incorporated or should incorporate in the future.

Payments in the form of checks are also accepted but are due Cash on Delivery (COD) and a credit card number is still needed.

### Credit Card Authorization



Name on Card: \_\_\_\_\_ Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV#: \_\_\_\_\_

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

Signature: \_\_\_\_\_

I hereby certify the information provided in this application is true, correct, and complete as of the date indicated below. I agree to promptly notify Perfect Smile Dental Ceramics, Inc. of any changes in the information provided.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date