Please send a copy with first case.

New Account Form: Date:

Doctor's name: Name of Practice:

Billing Address: Shipping Address:

Phone#:   Fax#:

Emergency#:   Email: _____

Appointment or staff lunch: Account set up date:

Number of employees: Avg. appliances per month:

Hours of operation: MON_____ TUE_____ WED_____ THU_____ FRI_____

Pricing levels: _____

Notes:

Credit card, last 4 digits: _____ Exp. date: _____
Billing address: _____City_____St._____Zip_____
    Orthodontic: Dental: Both:
        ☐   ☐   ☐

Office use only:

☐ Input data ☐ Doctor preference chart ☐ Staff lunch appointment made

☐ Regular billing ☐Email billing   ☐ Auto pay (charge card automatically)

☐ Credit card on file (wait for Doctor's OK to charge)

☐ Follow up call on 1st appliance ☐ New customer packet sent ☐ File
finished_____

"We'll make it Right"