



# NEW CUSTOMERS DATA SHEET

## BILLING ADDRESS AND CONTACT DATA

Company name\*

Address line 1 \*

Address line 2

Country Code \*

Country \*

ZIP Code, Place \*

Phone number \*

Fax number \*

VAT-ID. \*

Email address \*

Website \*

Kind of Business \*

Dentist

Practice laboratory

Dental laboratory

Milling center

Wholesaler

Manufacturer

Other

## OPTIONAL DELIVERY ADDRESS

Company name \*

Address line 1 \*

Address line 2

Country Code \*

Country \*

ZIP Code, Place \*

## CONTACT PERSON

First name and surname \*

Phone number of contact person \*

Email address contact person \*

Position contact person

**NOTE:** Fields marked with \* are mandatory

## PLACE, DATE

## SIGNATURE / STAMP

By supplying my E-mail address I agree to receiving information and advertising material for products, services and offers by email. I can withdraw my consent at any time.