



NEW CUSTOMER ACCOUNT INFO

Business Information Form

CONTACT INFORMATION

Company name

Account Type

Dentist

Laboratory

Distributor

E-Mail

Phone

Fax

Shipping Address

Billing Address

(If different from shipping address)

PRIMARY CONTACT

Name

Title

Phone

E-Mail

PURCHASING MANAGER

Name

Title

Phone

E-Mail

TAX EXEMPTION: CA, IL, NY, CT ONLY

No

Yes: Resale/Exemption Certificate must be attached to this form in order for account to be setup as exempt.

YOUR COMPANY AUTHORIZATION

I certify that the information provided in this form is accurate and fully understand the terms set forth by NT-US, Inc.

DATE

SIGNATURE