

NEW CUSTOMER ACCOUNT INFO

Business Information Form

Contact Information

Company

Name : _____ Fax : _____

E-mail : _____ Phone : _____

Shipping Address : _____

Billing Address : _____
(If different from shipping address)

Federal Tax ID # / State : _____

Primary Contact

Name : _____

Title: _____

Phone : _____

E-mail : _____

Purchasing Manager / Accounting

Name : _____

Title: _____

Phone : _____

E-mail : _____

Client Agreement

I agree to pay within 30 days of receipt of the invoice for the merchandise or services rendered by BlueTooth Dental Solution.

Your Company Authorization

I certify that the information provided in this form is accurate and fully understand the terms set forth by BlueTooth Dental Solution.

Date : _____ Signature : _____