

# Group Account Opening Form

## Customer's Details

Full Legal Name .....

Trading Name .....

Postal Address .....

..... State ..... Postcode .....

Surgery Address .....

..... State ..... Postcode .....

Tel. .... Fax. .... Mob. ....

ABN\* ..... AHPRA NO. DEN\*

Primary Email .....

Secondary Email .....

Website ..... Principal Dentist\* .....

Contact Name ..... Position .....

What is your projected spend?\*

Please select which companies you would like to open an account with:

Andent  Gold and Ceramics  Proform Australia

Southern Cross Dental  Precision Dental

Have you had an account with any of these labs before?  YES  NO

If yes, please specify .....

Would you like to join our Digital Cash Rebate\* rewards program?

YES  NO

\* See website for terms and conditions.

## Agreement Terms & Conditions

This agreement must be signed by the person who is responsible for paying the account monthly (e.g. company director/principal dentist).

I confirm that I have read and agree to the Terms and Conditions which can be found on the back of the lab sheets included in this pack.

Authorised Signature .....

Name ..... Date .....

I do not wish to receive marketing & promotional materials

Please send completed application form to:

Fax: 02 8062 9889 or Email: [accounts@moderdentalpacific.com](mailto:accounts@moderdentalpacific.com)

## OFFICE USE ONLY

Application Approved:

YES  NO

Account Number

Authorised Signature

Name

Date

**\*These fields are mandatory.**  
Please note that your application cannot be processed if the form is incomplete.

**Andent** | P: 03 9650 6766 | [andent@andent.com](mailto:andent@andent.com)

**Gold and Ceramics** | P: 07 3221 1075 | [lab@goldandceramics.com.au](mailto:lab@goldandceramics.com.au)

**Proform Australia** | P: 03 9650 9779 | [info@proformaaustralia.com.au](mailto:info@proformaaustralia.com.au)

**Southern Cross Dental** | P: 02 8062 9800 | [info@scdlab.com](mailto:info@scdlab.com)

