



## New Customer Account Information Form

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### Contact Information

#### Company

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Fax: \_\_\_\_\_

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: \_\_\_\_\_

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### Client Agreement

I agree to pay within 15 days of receiving receipt of restoration rendered by Custom Denture Lab.

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### Terms and Conditions

Custom Denture Lab requires each case be accompanied by a signed lab slip which is to be considered a binding work order agreement and acceptance of our Terms and Conditions. For our full list of terms and conditions, visit our website at [www.customdenturelabs.com/terms-and-conditions](http://www.customdenturelabs.com/terms-and-conditions)

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### Your Company Authorization

I certify that the information provided in this form is accurate and fully understand the terms set forth by Custom Denture Lab.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_