

Platinum Dental Milling

New Customer Information

Name: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Contact Information: (name and e-mail)

Technical: _____

Shipping: _____

Billing: _____

Payment Options:

Check with each case

Credit card charged with each case

Platinum Dental Milling requires a credit card on file for all accounts.

For customers paying by check, bounced checks will be subject to a \$35 bounced check fee. Bounced checks will result in a phone call from Platinum Dental Milling to the Billing contact listed above. If payment is not resolved within 30 days of invoice date, the credit card listed below will be charged for the amount due including any applicable fees.

For customers paying by credit card, this card will be charged for each case prior to each shipment.

By providing this credit card number, the laboratory and cardholder agree to be liable for any and all debts incurred with Platinum Dental Milling. By signing below, the cardholder and laboratory agree to these terms and conditions.

Credit Card Information: Mastercard VISA Discover American Express

Name on Card: _____

Card Number: _____ Exp.Date: _____ CVV: _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Signature: _____