



Please fill out the following information *completely* and return the form back to Dentalle via **email** at [support@dentalle.com](mailto:support@dentalle.com) or **fax** it to (561) 391-9747.

# Client Profile

Contact us at (561) 391-9437 ext. 2 if you have any questions.

## Contact Information

Your Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_ FDA Reg. # \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Street

Suite #

\_\_\_\_\_

\_\_\_\_\_

City, State

Zip Code

Main Phone: Area Code + Number \_\_\_\_\_

Main Fax: Area Code + Number \_\_\_\_\_

Emergency: Area Code + Number \_\_\_\_\_ *please include in case of an urgent matter*

Contact Person #1: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact Person #2: \_\_\_\_\_

Email address: \_\_\_\_\_

## Payment Information

Credit Card Type:  MC  Visa

Name as shown on credit card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Security code #: (3-digits) \_\_\_\_\_

Expiration Date: Mo/Year \_\_\_\_\_

Billing Address: \_\_\_\_\_

Check here if same as shipping address.

Street

Apt/Suite #

\_\_\_\_\_

\_\_\_\_\_

City, State

Zip Code

Credit Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup>I am authorized to represent the organization listed above. <sup>2</sup>I authorize Dentalle Inc. to charge the above credit card for all orders and any additional fees associated with such orders. <sup>3</sup>In the event that the organization listed above has an outstanding overdue invoice due to nonpayment exceeding Dentalle's terms, I authorize Dentalle to charge the above credit card or any other valid credit card on file. <sup>4</sup>I understand that the organization above is responsible for all costs incurred by Dentalle to collect including but not limited to collection, attorney, and legal.