

# Customer Information Sheet



Comment/Special instructions

## Customer Information

Practice Name:

*Last*

*First*

*M.I.*

Address:

*Street Address*

*Apartment/Unit #*

*City*

*State*

*ZIP Code*

Office Phone:

Fax Number:

E-Mail Address

(for general info only)

## Billing Address

Name [if different from above]:

*Last*

*First*

*M.I.*

Address:

*Street Address*

*P.O. Box*

*City*

*State*

*ZIP Code*

## Shipping Address

Address:

YES

NO

*Leave package when closed*

*City*

*State*

*ZIP Code*

Contact:

Phone Number:

Office Hours:

**FOR UPS SHIPMENTS, PRICE VARIES ACCORDING TO REGION**

## Key Contact

Office Contact

*Name*

*Phone*

*Email*

Accounting Contact

*Name*

*Phone*

*Email*

**What services are you interested in?**

**Please select all that apply**

All-on-X Full Service \_\_\_\_\_

Hybrid Restorations \_\_\_\_\_

Implant Planning \_\_\_\_\_

Surgical Guides \_\_\_\_\_

May we contact you by email with important notices, seminar announcements, latest product information, and occasional survey?      Yes                  No

Best Email for above communication: \_\_\_\_\_

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

Return to [acquadent@verizon.net](mailto:acquadent@verizon.net)

<p>FOR OFFICE USE ONLY Date Received: _____ Customer Number: _____</p>
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