



NEW CUSTOMER APPLICATION

- New Account
- Info Change

Please complete this application and email back to the attention of the sales department

Company Legal Name: _____

Type of Business:

- Corporation
- Partnership
- Sole Proprietorship

Mailing Address: _____

City, Province/State, Zip Code, Country: _____

Business Phone Number: _____ **Business Fax Number:** _____

Email Address: _____

Shipping Address: _____

City, Province/State, Zip Code, Country: _____

Contact Information:

	First and Last Name	Contact Phone Number	Contact Email Address
Owner			
Accounting			
Ordering Dept.			

Signature: _____ Title: _____ Date: _____

Modern Dental Technology Laboratory • 8 Maralbo Avenue E, Winnipeg, MB R2M 5G7, Canada

phone: +1 (204) 805-2589

email address: moderndentallab@hotmail.com

www.ModernDentalLab.ca