			Toll Free 1800 636 801
	660a South Rd Moorabbin VIC 3189		
Where loyalty is rewarded			Ph: (03) 9532 1799 Fx: (03) 9555 9458
ACCOUNT REGISTRATION FORM			info@ultimatedental.com.au www.ultimatedental.com.au
Please tic	k one: 🗌 Set Up A New Accoun	at 🗌 Update My	- y Existing Account
ACCOUNT INFORMATION			
Contact Name:			Date:
Company/Bus. N	Name:		
Company Addro	ess:		
Suburb:	State:	Postcode:	
Phone:	Fax:	Mobile:	
Email:		After Hours Pl	none:
Option 1: Credit Card Details Required			
Please tick one:	VISA MASTERCARD		AMERICAN EXPRESS
	:		
		Expiry Date:	
Cardholder's Signature: Customer's Signature:			
The above is to authorize Ultimate Dental Supplies P/L to settle outstanding amounts for the above named business account on or			
after 15th day from the date of the current statement, unless settled by cheque or cash prior.			
Tick to setup For your convenience set up a Debit Facility Using your Credit Card - Option 1 only			
(Ultimate Dental can set up a debit facility that will charge your credit card monthly or on invoice, as arranged)			
reserves the righ 1. Compan Contact	y Name	d to supply references if no	o credit details given above).
-	ny Name:		
Contact	Contact Name: Phone:		
TRADING TERMS			
Ultimate Dental S accounts are not s <u>PRICING</u>	\underline{S} st be settled strictly within 15 (fifteen) days Supplies reserves the right to suspend any ac finalised within set period of time. e to keep prices accurate and consistent, how	ccounts, and take orders on	
No returns for credit will be accepted without prior arrangement of Ultimate Dental Supply (Aust) Pty Ltd.			