

4714 SW 74 Avenue Miami Florida 33155-4422

New Customer Information Form

Tel: (305)267-4545 Fax: (305)267-4565

Toll Free: 1 (855)336-8629 miamidentalsupplies.com

Name(Print)

Signature

Signature

	Date	.//
Company Name		
Address		
City	State/ Province	
Zip/ Postal Code	Country	
Phone Number	Fax Number	
Email ————	Type of Business	
EIN#		s.
Web Site	Payment terms are COD.	

THIS FORM IS NOT A CREDIT APPLICATION

PAYMENT AUTHORIZATION – PLEASE READ
I hereby authorize MDS Miami Dental Supplies to charge my credit card, cheking, or savings account the amount stated in box D (a one time charge I understand that withdrawls from financial institutiones require up to five working days for verification of funds
VISA MC DISC AMEX ACH (Requires attached voided check)

Position

Date

Name on Card	
Card Number	
Expiration Date	CID #

NOTE: All sales are final. No refunds or exchanges will be granted... PRICES ARE SUBJECT TO CHANGE WITHOUT PRIOR NOTICE No exceptions. MDS MIAMI DENTAL Supplies makes no representations or warranties whatsoever with respect to materials sold here by Including, without limitation, warranties of merchantibility or fitness for particular purpose. All warranties are the sole responsability of the Manufacturer.