



AB Orthodontics Pty Ltd

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Melbourne VIC 3000
Australia

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sales@ortho.com.au
ABN 87 128 128 370

ACCOUNT APPLICATION

Please complete and return forms via email to sales@ortho.com.au

SECTION 1 : PRACTICE INFORMATION

Please select one:

- Orthodontist
- Institution (hospital, university, etc.)
- Oral Surgeon
- Laboratory
- General Dentist

Organisation/Practice Name: _____

BILL TO:

Address: _____

City: _____

State: _____ Post Code: _____

ABN: _____

SHIP TO:

Tick if same as billing address

Address: _____

City: _____

State: _____ Post Code: _____

ABN: _____

- Do you have more than one practice? No Yes
- Would you like to list multiple shipping locations? No Yes
- Days that you accept deliveries: M T W TH F
- Tick to be included in email offers for sales & promotions

SECTION 2 : CONTACT DETAILS

Ordering: _____ Phone: _____ Email: _____

Accounts: _____ Phone: _____ Email: _____

Reception: _____ Phone: _____ Email: _____

SECTION 3 : TYPE OF ACCOUNT REQUIRED

Option 1: 30 Day Term Account

Please provide the names for three trade references below.
Please note: We do not accept references from laboratories, Dentsply Sirona, Henry Schein or Ivoclar Vivadent.

Trade reference 1: _____ Phone: _____

Trade reference 2: _____ Phone: _____

Trade reference 3: _____ Phone: _____

Option 2: Pay-In-Advance Account

Pay as you order and provide credit card details. No trade references needed.

Tick if you would like for us to safely & securely store card information via encrypted CommBank banking system.
You may also call to provide this information if you prefer.

Card Type: M/C VISA Name on Card: _____

Card Number: _____ Expiry Date : ____ / ____ CVC Code: ____

Tick if you would prefer to give payment details at the time of each transaction.