

## Slay Dental

Mississippi's #1 Dental Laboratory

606B Springridge Rd., Clinton, MS 9056

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### New Customer Profile Form

Name Of Practice \_\_\_\_\_

Dr.#1 \_\_\_\_\_ License# \_\_\_\_\_

Dr.#2 \_\_\_\_\_ License \_\_\_\_\_

Dr.#3 \_\_\_\_\_ License# \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

Email \_\_\_\_\_

### Payment Profile

Our payment terms are Net 30. Statements are sent out the first business day of each month. Payments are due the 15th of the following month.

Name of responsible party \_\_\_\_\_

How would you like to pay?

Check  Credit Card  Set Up Automatic Credit Card Payments (Optional. Payment will be posted the second business day of each month)

Name on card \_\_\_\_\_ Acct# \_\_\_\_\_ 3 Digit Code \_\_\_\_\_

We greatly appreciate your interest in Slay Dental and look forward to doing business with you for many years to come!