



## **New Account Form**

**Practice Name:** \_\_\_\_\_

**Dr. Name:** \_\_\_\_\_

License# \_\_\_\_\_

### **Contact Info:**

Ship to Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

*Closed for lunch? YES/ NO*

### **Phone & Email Info:**

Main Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Is billing address the same as practice address? YES/ NO

\_\_\_\_\_  
\_\_\_\_\_

**Would you like to setup autopay? YES/NO**

**Would you like to setup digital statements? YES/NO**

Email for statements: \_\_\_\_\_

Any special requests

\_\_\_\_\_  
\_\_\_\_\_

**Email this form to: [jennifer@hermitagelab.com](mailto:jennifer@hermitagelab.com)**

Or

**Fax to: 615-889-4953 Attn: Accounting Dept**

Hermitage Dental Lab  
[www.hermitagedentallab.com](http://www.hermitagedentallab.com)