

CUSTOMER DATA

Please fill out and send this form back to us -- INVOICING DETAILS*
Surgery data (*mandatory fields)

Surgery Name:*	
Surgery Address:*	
City:*	
Postcode:*	
Full Name (Doctor):*	
GDC Number:*	
Doctor's mobile no:*	
email address (Doctor / Surgery):*	
Surgery Website:	

To receive statements:

We run paperless statements that are sent out via email on the last working day of each month. Please note that it is the Doctor's responsibility to ensure an account has been set up for their surgery to receive their statement.

Terms and conditions apply (see <https://ceramdent.co.uk/terms-and-conditions/>)

What you should know:

Payment terms are 15 days from statement date.

*Statements are sent on a monthly basis. The dental surgery and the prescribing doctor are responsible for the payment. All surgeries require an account with us to receive monthly updates on your financial data.

I hereby accept the payment and delivery conditions.

I hereby declare under my responsibility that the data provided is correct and I will inform Ceramdent about any variation. I am able to pay for prescribed orders.

This document implies the acceptance of the mentioned terms and conditions.

The personal data on this document will be used exclusively by Ceramdent, and will be used by Ceramdent to provide information regarding the products, services or for promotional purposes.

(to be signed and dated by the named Doctor)

Date : _____

Signature: _____