

Application for a Credit Account with Next Dental

Practice / Company Name

Trading Name

Company Type (please tick)

Limited Sole Trader Partnership

Number of Years Trading

Company Registration Number

GDC Number

Invoice Address / Registered Office

Address:

City:

County:

Deliver Address (if different)

Address:

City:

County:

Telephone Number

Fax Number

Email Address

Web Address

VAT Number

Anticipated Monthly Business

£

Number of Dentists

Number Surgeries / Chairs

Signature and Position within Company

Date

**Please attach headed paper / Company stamp and fax to
0114 303 0064 or scan and email to
accounts@nextdental.com**

For Official Use

Account Name:

Credit Limit:

Account Number: