

DENTCA Authorized Lab Application

Thank you for your interest in establishing a partnership with Dentca, Inc.
Please complete and sign the following information entirely and return it to us via fax or email
fax: 1-424-558-8738 / E-Mail: info@dentca.com

Business General Information

Company Legal Name: _____
DBA: _____ Phone: _____ Fax: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
E-Mail Address: _____ Web Site: _____
Shipping Address (Check if same as billing address): _____
City: _____ State: _____ Zip: _____
Type of Business: Corporation Partnership Sole Proprietorship LLC Other:
Date Business Commenced: _____

Business Locations

Dental Lab Dental Dealer (Distributor/Wholesaler) Manufacturer Other:

Company and Sales Information

Sales Revenue: Year 20 ____, \$ _____ Year 20 ____, \$ _____ Year 20 ____, \$ _____
Number of Employees: _____
Number of Complete Dentures Per Month: _____ Arch / Month
3D Scanner(s) Brand & Model: _____ 3D Printer(s) Brand & Model: _____

Owner/Officer Information

Name: _____ Title: _____
Phone: _____ E-Mail Address: _____
Name: _____ Title: _____
Phone: _____ E-Mail Address: _____

Agreement

By signing below, I certify that the above information is true and complete as of this date and you agree to pay \$10,000 for Dentca tray purchase. Check must be mailed to DENTCA with this application. (Payable to DENTCA, Inc.)

Printed name of owner / Officer: _____ Title: _____
Signature of owner / Officer: _____ Date: _____