

DENTCA International Dealership Application Form

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

If you have any questions regarding this application, please call us at 1-424-558-8726

Business General Information

Company Legal Name: _____

DBA: _____ Phone: _____ Fax: _____

Billing Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

E-Mail Address: _____ Web Site: _____

Shipping Address (Check if same as billing address): _____

City: _____ State: _____ Postal Code: _____ Country: _____

Type of Business: Corporation Partnership Sole Proprietorship LLC Other:

Date Business Commenced: _____

Business Type

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

Company and Sales Information

Sales Revenue: Year 20____, \$ _____ Year 20____, \$ _____ Year 20____, \$ _____

Number of Employees: _____ Years at Present Location: _____

Number of Complete Dentures Per Month: _____ Arch / Month Average Complete Denture Price: US\$ _____ / Arch

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: _____

Business Trade Reference

Company: _____ Acct#: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Company: _____ Acct#: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____ Zip: _____

Agreement

By signing below, You certify that the above information is true and complete as of this date.

Printed name of owner / Officer: _____ Title: _____

Signature of owner / Officer: _____ Date: _____