



Thank you for choosing Classic Craft Dental Laboratory. We look forward to working with you and your team to provide excellence in dentistry. Complete your account information below. Return the form to your sales representative or email it to our accounting department at accounting@classiccraftdental.com. Your account WILL NOT BE ACTIVE until this form is received. When we receive it, we will begin processing casework for your office immediately. If you have any questions contact our accounting department at 877.552.7238.

**PRACTICE INFORMATION:**

Office Name: \_\_\_\_\_

Doctor Name(s): \_\_\_\_\_

License Number(s): \_\_\_\_\_

Office Address (Include City, State & Zip): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

**PARTNER/BILLING INFORMATION:**

I grant Classic Craft Dental Laboratory permission to charge my statement balance to the provided credit card automatically on the 15th of the month.

I plan to pay my statement with an alternative payment method each month. If my payment is not received by the statement due date (the 15th of each month), I grant Classic Craft Dental Laboratory permission to charge my statement balance to the provided credit card.

**CCDL requires a credit card to be on file to process your first case.**

Accounts Payable Contact: \_\_\_\_\_

Name of person/company legally responsible for paying account balance: \_\_\_\_\_

\_\_\_\_\_

Contact information: \_\_\_\_\_

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

Master Card     Visa     American Express     Discover

Name of Card Holder: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address (Include City, State & Zip): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRACTICE CONTACTS:**

Front Office/Scheduling: \_\_\_\_\_

Office Manager: \_\_\_\_\_

Doctor's Assistant(s): \_\_\_\_\_

Technical/Clinical: \_\_\_\_\_

**SPECIALTY:**

- General Dentist     Cosmetic Dentistry     Periodontist     Pediatrics
- Orthodontist     Prosthodontist     Endodontist     Dental Laboratory

**DIGITAL DENTISTRY:**

Do you have an intra-oral scanner?

- Yes     No     Interested - please have a lab representative contact me

If yes, which scanner? \_\_\_\_\_

**HOW DID YOU LEARN ABOUT CCDL?**

Referred from current partner: \_\_\_\_\_

- Website search     Social media     Word of mouth     Trade show

Other: \_\_\_\_\_

See terms and conditions on reverse side of form.

**\$25 OFF YOUR FIRST CASE!**



**APPLY TO CASE USING CODE "NEWPARTNER"  
IN NOTES SECTION ON DIGITAL OR ANALOG CASES**

Return this completed form to receive \$25 off your first case with code "NEWPARTNER." To schedule your case pickup, call your Technical Representative, Classic Craft Dental at 877.552.7238 or fill in the form on our website at classiccraftdental.com. Only redeemable one time per account. Not to be combined with any other offer or coupon.

## **TERMS AND CONDITIONS:**

By signing this form you are authorizing Classic Craft Dental Laboratory (CCDL) to create an account with our company and save and process your payment information according to the terms of this letter. you accept personal responsibility for all charges incurred with CCDL.

Payment Terms: If your statement isn't paid within 15 days past the due date, you consent to processing the credit card on file. If at anytime your payment is not received or your credit card transaction cannot be processed your account will be placed on a temporary hold giving us authorization to obtain and report credit information on Partner. All past due balances of Partner shall incur and bear, and the Partner agrees to pay, a monthly late charge equal to two percent (2%) of any past due balance per month. All payments made by the Partner while a past due balance exists shall be applied first to late charges and second to past due balances before being applied to current balances, unless elected otherwise by CCDL.

Prescriptions: All cases/requests for products, work, services, or shipments requested by Partner shall be made in writing pursuant to the RX prescription forms made available by CCDL for such purposes. The Partner shall supply CCDL in writing with all specifications and information reasonable required by CCDL to prepare the prostheses requested by Partner. CCDL reserves the right to request further specifications or information, however, CCDL expressly disclaims any duty to do so and may rely entirely upon the original specifications and information provided by the Partner without any duty of investigation. The Partner shall be solely responsible for the accuracy of any such specifications or information. Further, the Partner shall be responsible to inspect the products, work, services, or shipments requested by Partner, including, without limitation, all prostheses for proper applications, fit, alignment, and ultimate use.

Errors, Omissions or Mistakes: Any and all discrepancies, shortages, claims, or incorrect shipments must be reported immediately to CCDL by the Partner, by telephone or in writing, and in no event later than ten (10) calendar days from the date of the invoice. Unless notification is made and delivered as set forth above, Partner shall be deemed to have inspected and accepted all products, work, services, or shipments of or by CCDL. CCDL shall reasonably cure any discrepancies, shortages, claims, or incorrect shipments for which it may be responsible only if notified as set forth above.

Marketing: By providing your email address, you opt into case updates, eblasts, and all marketing provided by Classic Craft Dental Laboratory, LLC. If you would like to be removed, email [bbass@classiccraftdental.com](mailto:bbass@classiccraftdental.com) or call 877.552.7238.