Customer No. _____

B&B DENTAL IMPLANT COMPANY AUSTRALIA
ABN 52 665 478 660
+61 8 8331 2257
admin@bnbdental.com.au
U1, 233-235 Greenhill Rd
DULWICH SA 5065 AUSTRALIA
www.bnbdental.com.au

NEW CUSTOMER REGISTRATION

Name of Company	
Nature of Business	☐ Dental Practice ☐ Laboratory ☐ Prosthesis
A.BN.	
Phone Number	
Mobile Number	
Email	
Dentist	
Direct Mobile	
Direct Email	
Billing Address	
Postal Address	

Please answer a few simple questions to guide us on how to best support you.

1. How did you hear about us?

2. How many implants do your clinic fit on average in 1 month?

3. Which implant systems do you use?

4. Are you interest in any of other products available?

☐ Advanced technique ☐ Regeneration ☐ Bone Grafting ☐ Sinus
☐ Dental unit chair ☐ Dental Equipment ☐ Intra-Oral Scanner ☐ CBCT
☐ Dental Consumable

By signing below, I certify that the information on this form is true and accurate.

Signed. _____ Date. _____

Received by.