

Office use only

Application Approved: Yes No

Account Number _____

Authorised Signature _____

Name _____

Date _____

Account Opening Form

Easier online? Visit andent.com/sign-up

PART A – Customer’s Details

Full Legal Name

Trading Name

Postal Address State Postcode

Surgery Address State Postcode

Tel. Fax. Mobile

ABN* AHPRA NO.*

Primary Email

Secondary Email

Website Principal Dentist*

Contact Name Position

Please note that your application cannot be processed if the form is incomplete.

Have you had an account with Andent before?

Yes No If yes, what was your account number?

Does anyone at the surgery currently have an account?

Yes No If yes, what is their account number

Do you belong to a corporate group?

Yes No If yes, please specify.

How did you hear about Andent?

Please specify.

Promo Code

***Your application cannot be processed if these fields are incomplete.**

PART B – Agreement Terms & Conditions

This agreement must be signed by the person who is financially and legally responsible for paying the account monthly (eg company director/principal dentist). I confirm that I have read and agree to the T&Cs which can be found on our website.

Authorised Signature

Name Date

I do not wish to receive marketing & promotional material from Andent.

I would like to join the Digital Cash Rebate* rewards program.

*I agree to the terms and conditions applicable found at andent.com/digital

Please email your completed application form to: **andent@andent.com**