*Please complete and sign this form and return to accounts@dmi.ie*

**Are you a Dentist General Practitioner Other** please give details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Irish Dental Council Reg No:*** *\_\_\_\_\_\_\_\_\_\_\_\_* ***/ Medical Council Reg No:****\_\_\_\_\_\_\_\_\_\_\_\_ /*

***Pharmaceutical Reg No:*** *\_\_\_\_\_\_\_\_\_\_\_\_*

**\* Surname:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Name on Account** *(if different to above):*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Telephone**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Fax:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How long have you been trading**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of person responsible for payments**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email address for statements:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to the Terms & Conditions of Trasmore Ltd. t/a Dental Medical Ireland

(Copy attached for your records) Yes No

I agree to pay my account on time within the agreed Credit Terms which are 30 days from

date of invoice. I understand that failure to adhere to these Credit Terms may result in the

withdrawal of the credit facility. Yes No

I agree to my details being shared with suppliers for sales reporting purposes only with the

option to withdraw consent at a later date by emailing [accounts@dmi.ie](mailto:accounts@dmi.ie). Yes No

I agree to receive promotional advertising from DMI with the option of withdrawing consent

at a later date by emailing [accounts@dmi.ie](mailto:accounts@dmi.ie) . Yes No

*\* This form applies to Individuals and Partnerships only. Limited companies will be required to complete a full Credit Application including provision of Trade References.*

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_