NDX® nSequence
ADVANCED DENTAL TECHNOLOGIES

New Account

Date: _____
Referred to NDX nSequence by: _____

Dental Group/Practice Name: _____
Doctor 1:
_____ ☐ Under this Practice or ☐ Separate Account
First Name Last Name Doctor's E-Mail: _____
Doctor's Cell: _____
Office Street Address _____
_____
City_____ST_____Zip code: Requires 9 digit-example 55113-5554_____
Office Phone: _____ Fax: _____
Office E-Mails: _____

NPI Number: _____ **Dental State License Number:** _____

Doctor 2:
_____ ☐ Under this Practice or ☐ Separate Account
First Name Last Name Doctor's E-Mail: _____
Doctor's Cell: _____
Office Street Address _____
_____
City_____ST_____Zip code: Requires 9 digit-example 55113-5554_____
Office Phone: _____Fax: _____
Office E-Mails: _____

NPI Number: _____ **Dental State License Number:** _____

Bill to: ☐ Same as Office Address above

If different:
Bill to: Name _____ E-Mail: _____
Bill to Street Address _____
_____
City _____ST_____Zip_____
Bill to A/P Phone: _____Fax: _____

Must also complete a credit card authorization on back

Please fax both pages back to: (775) 827-6650

5420 Kietzke Lane, Suite 205, Reno, Nevada 89511 Office: (775) 827-6645 Fax: (775) 827-6650

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Internal Use – Account # _____

Credit Card or ACH Authorization

An authorization form must be on file with current payment information to avoid delays in processing and shipping your case. The case will not be started without having a current payment option on file. Payment declinations will delay your case in shipping. We do not offer Net 30 on any accounts.

Credit Card/ACH Protocol:

CT Cases	$275 deposit for each arch collected at case login. This goes towards the final invoice. Balance to be charged upon shipment $275 cancellation fee per arch for small surgical guide cases $1000 cancellation fee per arch for all full arch cases
All other cases	Will be charged in full upon shipment

Invoice and credit card receipt copies will be emailed to the address listed below.

☐ **Option 1: Credit card number will be kept on file**

☐ I will call nSequence with the credit card number information

☐ I would like someone from nSequence to call me for the credit card number

Phone number:_____ Ask for: _____

☐ **Option 2: ACH Payment info will be kept on file:**

Bank Routing Number: _____

Bank Account Number: _____

Doctor's Name/Practice: _____

Doctors e-mail address: _____

A/P e-mail address: _____

By signing below, I am authorizing NDX nSequence, to charge my account according to the Credit Card/ACH Protocol listed above.

Signature: _____ Date: _____

Fax Form to: 775.827.6650

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