DENTAL PRACTICE ACCOUNT FORM

AMBE HOUSE
Commerce Way
Edenbridge Kent
TN8 6ED
T: 020 8391 8891
E: cservices@dhb.co.uk
www.dhb.co.uk

Account No: (Internal use only)									
Company Name:				**Owner's Name:**					
Legal Entity:	☐	**LTD**	☐	**PLC**	☐	**Soletrader**	☐	**Partnership**	☐
Practice Name:									
GDC Dentist Name:									
GDC Registration No:									

Invoice Address	**Delivery Address** *(if different to invoice address)*

Company Registration No:			
VAT Registration No:			
Number of Dentists:		**Number of Hygienists:**	
Web Address:			

Contact Details				
Position	**Name**	**Email Address**	**Contact Number**	
Sales Contact			Landline:	
			Mobile:	
Product Recall Contact (available out of hours)			Landline:	
			Mobile:	
Finance Contact			Landline:	
			Mobile:	

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General Data Protection Regulation (GDPR)

DHB Oral Healthcare Limited processes your personal data in accordance with the Data Protection Act 2018 and UK GDPR. For full details of how we use, store and protect your information, including your rights, please see our Privacy Policy at www.dhb.co.uk.

We will send statements/invoices electronically and contact you regarding relevant products, services and business updates. You may opt out of marketing communications at any time. Please send your request to cservices@dhb.co.uk

Please tick here if you do NOT wish to receive marketing communications from us. ☐

Deliveries

Please note, normally delivery times are Monday - Friday, between the hours of 08:00 and 18:00. Please state if your opening times differ to this:

Customer Declaration

By signing this document, you verify that the information supplied is correct to the best of your knowledge and declare that you will immediately inform DHB Oral Healthcare Limited in the event of any changes. By signing this declaration you confirm that you agree to our terms and conditions of sale which can be found on our website at www.dhb.co.uk:

Signature:	
Print Name:	
Position Held:	
Date:	
Contact Number:	
E mail Address:	

INTERNAL USE ONLY

Document checklist

GDC Check:	☐	**CQC Check:**	☐	**Company Checks:**	☐

Signed by the authorised person on behalf of DHB Oral Healthcare Limited

Assigned Trader name:	
Account Authorised by:	
Position Held:	
Signature:	
Date:	

Related SOP	**SOP 5.2ii Operations - Customer Qualification**				
Document Title	**Dental Practice Account Form**				
Version	**5**	**Effective date**	09/12/2025	**Author**	**RP (A.A.)**