



T-Dental Laboratory
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<h2>Customer Service Agreement</h2>

CUSTOMER INFORMATION

Company (FULL): _____

First Name: _____ **Last Name:** _____

Email Address: _____

Telephone No: _____ **Mobile No:** _____

Fax No: _____ **Tax ID:** _____
 (if applicable)

Address: _____

Mailing Address: _____
 (if different from above)

Contact Person (contact person for customer service team to contact for technical questions, if different from above)

First name: _____ **Last name:** _____

Email Address: _____

LOGISTICS DETAILS

Is this your first time to outsource? Yes No

What is your estimated outgoing shipment per week?

1-2 2-3 3-4 more than 4

Turnover Period: 4 days* 5 days*

*In-lab turnover time does not include shipping time and with exceptions that apply to certain case work including implants, long span bridges, combination cases and Procera.

ESTIMATED MONTHLY VOLUME (UNITS)

Crown & Bridge less than 100 100-200 200-300 300-500 Others: _____
 (PFM & All Ceramics)

Implants less than 50 50-100 100-200 Others: _____

Removables less than 50 50-100 100-200 200-300 Others: _____