



70 Jackson Drive – Unit RV  
Cranford, NJ 07016  
Phone: (908) 653-1180 – Fax: (908) 653-1179

**New Account Application Form**  
**Has to be completed prior to Tri-State processing a new account**

Dr. Name: \_\_\_\_\_ Dental Lic. No.: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Major Credit Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

\*(We require a valid credit care for credit reference only.)

C.V.V.: \_\_\_\_\_

For environmental reasons we would like to e-Mail your statements.  
Please provide us with your e-mail address.

E-Mail Address: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date