



Dealer Profile



PLEASE PRINT CLEARLY

Dealer Name: _____

Other names of this business: _____

Telephone # _____ Fax # _____

Address: _____

Contact: _____ Years in business: _____

E-mail Address: _____

Web Address: _____

Business Structure:

State of Origination: _____ Proprietorship _____ Partnership _____ Corporation _____
_____ Subsidiary (please provide details on a separate sheet)

Dental Trade Reference:

Name: _____ Tel: _____

Address: _____

Dental Trade Reference:

Name: _____ Tel: _____

Address: _____

Dental Trade Reference:

Name: _____ Tel: _____

Address: _____

Bank Reference:

Name: _____ Tel: _____

Address: _____

Account Number: _____ Contact Person: _____

I authorize the Tony Riso Company to contact the above listed companies.

I attest that the information provided is true and complete to the best of my ability.

Date: _____ Signature: _____ Title: _____

Please attach a copy of your business license and tax certificate.

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