

Credit Application

Bussiness Information :-

Legal Name of Entity	ABN/ACN	Trading Name
Gryphon Enterprises Trust	26814822045	Smile by Design
Trust Name	Account Type	Chairs At Practice
Gryphon Enterprises Trust	Company	4
Phone	Mobile	Email
0294603566	0401614264	officens@smilebydesign.com.au

Billing Information:-

Address Line 1	Address Line 2	City
44 MILLER ST	SUITE 1	NORTH SYDNEY
State/Region/Province	Postal / Zip Code	Country
New South Wales	2060	AU

Delivery Information :-

Address Line 1	Address Line 2	City
44 MILLER ST	SUITE 1	NORTH SYDNEY
State	Postal / Zip Code	Country
New South Wales	2060	AU

Practitioner Information :-

Practitioner Name	AHPRA Registration Number
Dr Michael Tam	DEN0001351818

Accounts Information :-

Contact Person	Phone	Email
Laura Knowles	0293893333	accounts@smilebydesign.com.au

Director / Owner Information :-

Director / Owner 1 - Full Name	Director / Owner 1 - Address	Director / Owner 1 - Phone
Michael Tam	44 MILLER ST	0294603566
Director / Owner 2 - Full Name	Director / Owner 2 - Address	Director / Owner 2 - Phone

Credit Application

Trade References :-

Company Name 1

Dentavision PTY Ltd

Contact Name 1

Katherine

Company Address 1

Units 2/4, 10 Anella Ave, Castle Hill

Company Phone 1

1800 806 640

Company Email 1

orders@dentavision.com.au

Company Name 2

Matrix Dental

Contact Name 2

Company Email 2

sales@matrixdental.com.au

Company Address 2

U4/130-132 Bayfield Rd. East Bay

Company Phone 2

1800 220 211

Signature

A handwritten signature in black ink, consisting of a stylized, cursive script that starts with a large loop and extends horizontally to the right.

