

# Credit Application

## Bussiness Information :-

Legal Name of Entity	ABN/ACN	Trading Name
Bridge Dental Clinic Pty Ltd	85620148281	Bridge Dental Clinic
Trust Name	Account Type	Chairs At Practice
	Company	8
Phone	Mobile	Email
0885322511	0468630982	bridgedentalmb@outlook.com

## Billing Information:-

Address Line 1	Address Line 2	City
34 Bridge St	P O Box 112	Murray Bridge
State/Region/Province	Postal / Zip Code	Country
South Australia	5253	AU

## Delivery Information :-

Address Line 1	Address Line 2	City
34 Bridge St	P O Box 112	Murray Bridge
State	Postal / Zip Code	Country
South Australia	5253	AU

## Practitioner Information :-

Practitioner Name	AHPRA Registration Number
Dr Martha Bissett	DEN0001635591

## Accounts Information :-

Contact Person	Phone	Email
Rosslyn Kuhl	0885322511	bridgedentalmb@outlook.com

## Director / Owner Information :-

Director / Owner 1 - Full Name	Director / Owner 1 - Address	Director / Owner 1 - Phone
Dr Martha Bissett	7 Murray Dr Murray Bridge	0468630982
Director / Owner 2 - Full Name	Director / Owner 2 - Address	Director / Owner 2 - Phone
Dr Willem Bissett	7 Murray Dr Murray Bridge	0409948290

# Credit Application

## Trade References :-

Company Name 1

Henry Schein

Contact Name 1

Accounts

Company Address 1

Locked Bag 5003 Alexandria NSW

Company Phone 1

1300658822

Company Email 1

accounts@henryschein.com.au

Company Name 2

Ivoclar Vivadent

Contact Name 2

Company Email 2

accountsreceivable.au@ivoclar.com

Company Address 2

1-5 Overseas Dr Noble Park North V

Company Phone 2

1800807774

Signature

M Bissett

