

## PRACTICE INFORMATION

*Invisalign® Clin ID or DID: <small>(Clinician ID or Doctor ID)</small>		**Invisalign® LID: <small>(Location ID)</small>	
Practice Name (DBA):			
Legal Name:			
Type of Legal Entity: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Company			
Practice Street Address & Suite/Unit #:			
City:	Province:	Postal Code:	
Main Office Phone #:		Number of Total Locations:	
Name of Business Owner(s):			
Practice Type (Select One): <input type="checkbox"/> GP <input type="checkbox"/> Orthodontist <input type="checkbox"/> Other		DSO (If yes please indicate DSO Name): <input type="checkbox"/> Yes _____ <input type="checkbox"/> No <small>Dental Support Organizations (DSO) are management companies that own multiple dental offices.</small>	

## MAIN CONTACT INFORMATION

Name:	Phone:
Email Address:	

## DAILY SETTLEMENT REPORTS CONTACT INFORMATION

Name:	Phone:
Email Address:	GST/HST #:

## LIST OF LOCATIONS BELOW OR ADD A LIST OF LOCATIONS

LID#:	Address, Province, Postal Code	Phone	Contact	Email

\*The Clinician ID and \*\*Location ID are requested in the enrollment process for verification purposes only. This enrollment form is for the purpose of offering Patient Financing provided by LendCare Capital and is not intended to imply that enrollment in the program is related to receiving any products or services provided by Align Technology.

Please attach a copy of the following:

1. Scan or Picture: Articles of Incorporation, Business License, Partnership Registration
2. Copy of void cheque

\_\_\_\_\_

Date

\_\_\_\_\_

Name (Print)

\_\_\_\_\_

Signature

Return completed form to [sales@lendcare.ca](mailto:sales@lendcare.ca) • Have questions? Call, 1.844.472.9360