

Teeth For Life

P.O.Box 3010

Glenvista,

2058

Phone: 083 782 1091

www.teethforlife.co.za e-mail: info@teethforlife.co.za

Distributor Application Form



Or complete online at
<http://www.teethforlife.co.za/download/download.htm>

I would like to distribute Xgel products in my

Practice

Pharmacy

Clinic

Shop

Other

Date:

i would like more information

Name:

Address:

State/Province:

Postal address

Zip/Postal Code:

e-mail address

Home/Work Tel:

Cell phone:

Additional Billing information

Entity Name:

(if different from name)

Vat No:

Contact person

Contact Tel:

email

Other

Print Form

Submit by Email