

Application as a My Ortho Lab Partner



→ VIA EMAIL BACK TO: PARTNER@MAT-ALIGNER.COM

WHAT TYPE OF BUSINESS DO YOU OPERATE?

- | | |
|--|---|
| <input type="checkbox"/> (A) Dental Clinic | <input type="checkbox"/> (C) Distributor |
| <input type="checkbox"/> (B) Dental Lab | <input type="checkbox"/> (D) Other: _____ |

APPROXIMATE NUMBER OF ALIGNER CASES PER MONTH

- | | |
|------------------------------------|--|
| <input type="checkbox"/> (A) 1-10 | <input type="checkbox"/> (C) 31-50 |
| <input type="checkbox"/> (B) 11-30 | <input type="checkbox"/> (D) more: _____ |

EXISTING CAPITAL FOR START

- | | | |
|---|---|--|
| <input type="checkbox"/> (A)
25.000,-€ | <input type="checkbox"/> (B)
50.000,-€ | <input type="checkbox"/> (C)
100.000,-€ |
|---|---|--|

INFO:
Machines for production
10,000 – 75,000,-€
depending on setup

PRODUCTS CURRENTLY SOLD / Experience in Business

(A)

(B)

(C)

(D)

ADDITIONAL BENEFITS YOU WANT TO TELL US ABOUT

Free text:

Name responsible person:

Position:

Company name:

Company website:

Base Country:

Countries you do business in:

Email:

WhatsApp:

Telephone:

Date: