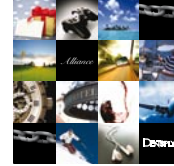


DENTSPLY (Australia) Pty Ltd

ABN 15 004 290 322

DENTSPLY Credit Team

11–21 Gilby Road, Mount Waverley, VIC 3149



AMERICAN EXPRESS® CARD – AUTOMATIC BILL PAYMENT REQUEST FORM

To set up an automatic bill payment for your Alliance trading account(s) using your American Express Platinum Business Credit Card, please complete and return this form by fax attention to the DENTSPLY Credit Team on (03) 9538 8250 or alternatively email to austaccounts@dentsply.com. The original document should be sent by mail to DENTSPLY (AUSTRALIA) PTY LTD at the above address. For further assistance regarding the “Automatic Bill Payment Request Form”, please contact the DENTSPLY Credit Team on 1300 551 414. All other Alliance queries should be directed to your local DENTSPLY Sales Professional.

Please provide your American Express Platinum Business Credit Card Details

First Name

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Surname

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Card number

<input type="text" value="3"/>	<input type="text" value="7"/>	<input type="text" value="6"/>	<input type="text" value="0"/>	<input type="text" value="-"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name as shown on Card

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Business Name (if shown on Card)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Card Expiry Date

<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="/"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
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I wish to pay my *Alliance* account with DENTSPLY using the American Express Platinum Business Credit Card provided above so I can earn discounts¹ on DENTSPLY products and Bonus Points² on DENTSPLY purchases.

DENTSPLY Alliance Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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By signing below, I authorise DENTSPLY to charge the nominated American Express Card for the bill amounts relating to the above *Alliance* account on the 15th of every month. I acknowledge that I will be entering into an agreement with DENTSPLY and that American Express are simply facilitating the enrolment.

X Cardholder's signature

Date DD/MM/20YY

1. You are eligible to earn discounts and when you spend more than \$3,000 per year with DENTSPLY. *Alliance* program tiers are subject to change without notice. Calculations exclude precious metal sales and are exclusive of GST.

2. Enrolment into Membership Rewards *Ascent* or Qantas Direct is required for you to earn rewards points. Membership Rewards *Ascent* is subject to Terms and Conditions of the Membership Rewards program. To transfer Membership Rewards points into an airline rewards or frequent guest partner program you must be enrolled in Membership Rewards *Ascent* and be a member of the partner program. Membership of the partner program is the Cardmember's responsibility and is subject to the Terms and Conditions of the applicable program. Enrollees in Qantas Direct must be Qantas Frequent Flyer members. Membership of the Qantas Frequent Flyer program and earning and redemption of Qantas Frequent Flyer points are subject to the terms and conditions of the Qantas Frequent Flyer program. All points earned on Qantas Direct are credited directly to your Qantas Frequent Flyer account each month. For further information see qantas.com.

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When completed please fax form back to (03) 9538 8250