



## Dentist Directory Canada Registration Form

First Name:\*  Last Name:\*

Business Name:  Code:

Address: \*

City: \*  Province: \*

Country: \*  Postal Code:\*

### Contact Information:

Primary Email: \*  Phone:\*

Secondary Email:  Fax:\*

### Additional Information:

Domain Name:

- Service you need:  Landing Page (\$120/year, 3months free)  
 Local Advertising in Dentist Directory Canada (\$100/month)  
 Local Listing (Free Forever)

### Payment / Credit Card Details:

Credit Card:  Visa  Mastercard

Cardholder Name:\*

CC Number: \*

Exp. Date:  /  CSV/CVV Number:

If you are paying by cheque, please make payable to "SmartWeb Canada (2014) Inc."

I hereby permit SmartWeb Canada to charge the above credit card for these amounts.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_