

# Add a Distributor



Please fill in the details below to add a distributor to your account.  
You must already be approved for Orthoplex White to update this information.

## Account Details

**First Name:**

**Last Name:**

**Clinic Name:** *(If applicable)*

**Email Address:**

**Phone Number:**

## Distributor Details

Please detail below each of your preferred distributors and your account number with those distributors. This allows us to confirm your approval with the distributors so you can order Orthoplex White through them.

### Distributor 1

**Distributor Name:**

**Account Number:**

### Distributor 2

**Distributor Name:**

**Account Number:**

### Distributor 3

**Distributor Name:**

**Account Number:**