

## Standing Order Form - PreViser

1 Name *Dr /Mr/Mrs/Miss/Ms*   
 Address   
 Postcode   
 Tel

2 To the Manager  Bank / Building Society  
 Address   
 Postcode

3 Please pay Barclays Bank Plc, Stratford Upon Avon Branch, Sort code 20-48-08 for the credit of Oral Health Innovations Ltd , Account number 63615480, the amount of:

£100 each month  For unlimited assessments for a 1-2 dentist practice

£150 each month  For unlimited assessments for a 3-4 dentist practice

OR £  each month, and debit

4 Account number

5 Name of Account Holder

6 Bank Sort Code

7 Starting on  and thereafter each month until further notice

8 Signature (s) \_\_\_\_\_ Date \_\_\_\_\_

9 Please return the completed form to:

**Oral Health Innovations Ltd, Badbury House, Shelfield, Alcester, Warwickshire, B49 6JN**