

# Member Benefit

## Request Form

Please complete form and submit to Solmetex along with a copy of your dealer invoice for the purchase of either the NXT Hg5 Amalgam Separator. Email request to [sales@solmetex.com](mailto:sales@solmetex.com) or fax to 508-393-1795 or mail to: Solmetex, 4 Mount Royal Ave, Ste 4-250, Marlborough, MA 01752.

Member Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_