

Member Benefit

Request Form

Please complete form and submit to Solmetex along with a copy of your dealer invoice with the purchase of an Hg5 Amalgam Separator. Email request to sales@solmetex.com, fax to 508-393-1795 or mail to: Solmetex, 50 Bearfoot Road, Northborough, MA 01532, Attn: Member Benefits



Member Name: _____

Practice Name: _____

Street Address: _____

Mailing Address: _____

City: _____

State: _____ Zip code: _____

Phone: _____ Fax: _____

Email: _____