

Your full service dental laboratory!



CREDIT APPLICATION

ACCOUNT INFORMATION			
NAME OF ACCOUNT		REGISTERED BUSINESS NAME	
BILLING ADDRESS		SHIPPING ADDRESS	
PHONE NUMBER ()	FAX	PHONE NUMBER ()	FAX
NUMBER OF YEARS IN BUSINESS			
BANK INFORMATION			
BANK NAME		ADDRESS	
BRANCH		ACCOUNT NUMBER	
CONTACT		PHONE NUMBER ()	
TRADE REFERENCES			
COMPANY NAME		ADDRESS	
CONTACT NAME		PHONE NUMBER ()	
COMPANY NAME		ADDRESS	
CONTACT NAME		PHONE NUMBER ()	
TERMS: Our terms are net 30 days from the date of invoice			
I hereby authorize the person or company to whom this application is submitted to obtain information as may be deemed necessary relating to the establishment and maintenance of a credit account.			
Signature: _____		Date: _____	