
Account Type

Doctor Group Institution Lab

PO Required?

Yes No

Required Information

Full Legal Business Name: _____

Owner Name: _____ Practitioner Lic No.: _____

Expiration Date: _____ Email: _____

Date Business Commenced:

Sole Proprietorship Partnership Corporation Other

How Long at Current Address? _____ Tax ID Number: _____

Billing Information

Name: _____ SS #: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: _____ Email: _____

Tax Exemption Certificate Number: _____

Primary Dental Suppliers

Company Name: _____ Phone: _____

Company Name: _____ Phone: _____

The preceding is submitted for the purpose of obtaining commercial open account credit from Dental Masters Laboratory (DML). I authorize DML to verify the information on this application and to receive information about me, including requesting reports from consumer reporting agencies. I further authorize DML to contact these sources at any time. I represent that all purchases hereunder shall be for business or commercial purposes only. I understand that I will receive statements monthly and that the payment terms are 'due upon receipt' of statement. I further understand that DML may impose a service charge of up to 1.75% per month on amounts delinquent beyond the date specified on the statement. In the event of default, the undersigned agrees to pay all costs of collection including a reasonable attorney's fee and court costs. I agree that any dispute hereunder or with DML shall be governed by California law and venue in Sonoma County, California. Regardless of whether the signature(s) on this application indicate(s) a representative capacity, the individual(s) signing this application agree(s) to be personally responsible for payment of the account.

Notice: The federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is FDIC, 2345 Grand Avenue, Kansas City, MO 64108.

I Have Read this Agreement and Agree with Its Terms

Signature: _____ Date: _____

C/O USE ONLY

Approved By: _____ Date: _____