

Payment Terms Agreement & Commercial Credit Application

Dental Masters requires a completed Payment Terms Agreement and Commercial Credit Application prior to opening and maintaining an account. For your convenience, we accept VISA, MasterCard, and American Express.

Dental Masters will process your statement via automatic monthly credit card payments.

- Transactions will occur the 1st of every month, or the closest prior business day.
- The amount will be the balance of all invoices. You can follow your account on Dental Masters' customer portal.
- Finance charges of 1.75% will be added to any amount unpaid 30 days from the date of the charge.
- A paper and/or email statement will still be sent to you at the end of each month.

If you have any questions or concerns, please contact us. All information provided is strictly confidential and used only for processing payments on your account.

We appreciate your prompt payment and we thank you for your business.

Credit Card Information

Visa MasterCard American Express

Name On Card: _____ Business Name: _____

Credit Card #: _____ Exp: _____ / _____ V code: _____

Address: _____

City: _____ Zip Code: _____

Name: _____ Position: _____

Email: _____ Phone: _____

How to Request Payment by Check:

If you would like to request an open credit account with Net 30 pay-by-check terms, please complete the commercial credit application on the other side and place an "X" in box here:

Please note: If an open pay-by-check account is approved, an active credit card or ACH authorization must be on file. *Any past due balance will be applied to the credit card or ACH bank account on file.*

Please Complete Other Side



800-368-8482
dentalmasters.com
3175 Range Avenue
Santa Rosa, CA 95403

Required Information

Full Legal Business Name:
Owner Name(s):
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:
Sales Tax Exemption Certificate Number:
(if Applicable)

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 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 venued 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

Reviewed By: Date: