

EURODENT, INC
17745 CHATSWORTH ST. GRANADA HILLS, CA 91344
PHONE (800) 334 0403; (818) 832 1325 FAX: (818) 832 7075

Credit Application

Customer#: _____ Application Date: _____

Account Rep: _____

Credit terms requested: _____

Business Information

Business/Practice Name: _____

Business Address: _____

Telephone number: _____

Fax Number: _____

Federal Tax ID/SSN: _____

Year Established: _____

Accounts Payable Contact: _____

Principal Information

Last, First, MI: _____

Title: _____

Last, First, MI: _____

Title: _____

Bank References

Bank Name: _____

Account No. _____

Contact Name: _____

Telephone No: _____

Trade References

Company Name: _____

Telephone No: _____

Fax No: _____

Address: _____

Contact: _____

Company Name: _____

Telephone No: _____

Fax No: _____

Address: _____

Contact: _____

I (we) certify that the information contained in this credit application submitted to Eurodent, Inc., to the best of my (our) knowledge is true and correct.

Principal Signature: _____

Print Name: _____

Title _____

Date _____

Principal Signature: _____

Print Name: _____

Title _____

Date _____

Payment Terms

¹-All accounts are payable within 15 days of statement date. Statement date is the last of the month or the last working day of the month. Accounts that are 45 days past due will be subject to COD.

²-A late charge of 1.5% of the unpaid balance will be charged on all past due balances of 30 days or more.