

## CREDIT APPLICATION

BUSINESS NAME		
SHIPPING ADDRESS		
BILLING ADDRESS		
CITY, STATE, ZIP CODE		
PHONE	FAX	OTHER
ACCOUNT PAYABLE CONTACT		
ANTICIPATED ANNUAL PURCHASES		

TYPE OF OWNERSHIP:     INCORPORATED     PROPRIETORSHIP     PARTNERSHIP

PLEASE LIST OWNER'S OR OFFICER'S NAME(S)

1.	NAME	TITLE
	HOME ADDRESS	PHONE
2.	NAME	TITLE
	HOME ADDRESS	PHONE

TRADE REFERENCES (DEALERS OR MANUFACTURERS)

1.	NAME	TITLE
	HOME ADDRESS	PHONE
2.	NAME	TITLE
	HOME ADDRESS	PHONE
3.	NAME	TITLE
	HOME ADDRESS	PHONE

BUSINESS BANK	ACCOUNT NUMBER
HOME ADDRESS	PHONE

The above information is for the purpose of obtaining credit from Orbix Dental Products, Inc., to purchase its products and is represented and warranted to be true and correct. This application authorizes Orbix to investigate the listed references pertaining to my/our credit and financial responsibility.

Our terms are NET 30 days or your credit limit, whichever comes first. Once your account balance reaches 45 days old, orders will be shipped prepaid (COD or credit card), including total past due balance. Accounts with balances older than 60 days will be put on a permanent prepaid status.

In the event of non-payment of the account, the customer will be liable for any costs of collection, including reasonable attorney's fees and expenses.

APPLICANT NAME (PLEASE PRINT) \_\_\_\_\_ TITLE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_