

# Credit Application

For Dental Laboratories



DLS Corporation

246 West Taft Avenue ♦ Orange, CA-USA 92865

Toll Free: 1-800-514-7063 ♦ www.DentalLabServices.com

**FAX COMPLETED APPLICATION TO: (714)282-1675**

**FOR ACCOUNT INQUIRES, CALL: (714)282-9135**

## APPLICANT INFO

Business Name: \_\_\_\_\_

Owner or Doctor's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Email Address: \_\_\_\_\_

### SHIPPING ADDRESS (if different than above)

Contact Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Social Security Number (required for all NET-30 and C.O.D. billing accounts)

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Tax ID#: \_\_\_\_\_

## CURRENT SUPPLIERS

Company #1: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Company #2: \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

## PAYMENT INFORMATION

### Please Indicate Preferred Method of Payment:

Net 30    Credit Card    Prepaid Order    C.O.D.

**PREPAID ORDERS:** Over \$200 require either a money order or check cleared prior to shipping. Include sales tax if ordering from California. Shipping charges include weight, size and zip code of packages. Minimum order of \$25.00.

**C.O.D. ORDERS:** COD Orders have a \$8.00 charge (or the current rate).

**POST OFFICE BOXES:** We will not ship to P.O. Boxes

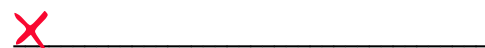
### Type of Business:

Proprietorship    Partnership    Corporation    Tax Exempt

Years in Business? \_\_\_\_\_ Number of Employees? \_\_\_\_\_

## AGREEMENT

International Orders must be prepaid with a wire transfer. By signing below you give DLS Corporation permission to request consumer reports from consumer reporting agencies for use in considering your application and subsequently for the purpose of any renewal, update, reviewing, collecting, or extension of credit. Proprietorships, Partnerships, or Corporations including professional corporations assume liability for ALL purchases made by any employee, or authorized agent employed when the order was placed. I hereby agree to pay interest on all overdue accounts at the rate of 1.5% monthly, and to pay all costs of collection including reasonable attorney's fees. I hereby certify that the information set forth on this application, together with all other information submitted in connection with this application, is true and correct.

 \_\_\_\_\_ Date \_\_\_\_\_  
Authorized Signature




## CREDIT CARD INFORMATION

Type:  Visa    MasterCard    Discover    AmerEx

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Credit Card Security Code  
(Last 3 digits on back / Last 4 for AmerEx)

Print Cardholders Name: \_\_\_\_\_

Signature:  \_\_\_\_\_ Exp \_\_\_\_ / \_\_\_\_

### CREDIT CARD BILLING ADDRESS

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Complete this application in full. Thank you for your application for credit with the DLS Corporation. We will process your application quickly, and will notify you within 30 days. All application inquiries may be directed to our accounting department. All information you provide will be kept in strict confidence, subject to the terms stated in the agreement. Thank you.

Please Sign Here:  \_\_\_\_\_ Today's Date: \_\_\_\_\_