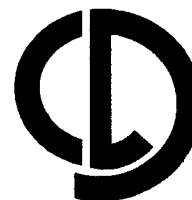




DENTAL LAB (518) 344-5372

2210 Guilderland Ave.
Schenectady, NY 12306
Fax: 344-5375



**Certified Dental
Laboratory**

CREDIT INFORMATION SHEET

In order to better service your account regarding billing invoices, as well as some general information to know you better, please complete the following:

BILLING INFORMATION

		Account Number (Lab will Provide)
Company Name:	Telephone: ()	
Attention:	Fax Number: ()	
Address:	Account Payable Rep:	
Mailing Address: (if other than street address)	Telephone Number: ()	
City / State / Zip:	Date Business Established: / /	

Type of Business: (check one) _____ Sole Proprietorship _____ Partnership _____ Corporation

PRINCIPLE OWNERS, OFFICERS OR STOCKHOLDERS

Last Name, First Name, Middle	Position / Title	Soc. Sec.#	Address; Street / City / State / Zip

REFERENCES: (List Banker and Three Trade References)

NAME	ADDRESS	TELEPHONE NO.
1		
2		
3		
4		

Payment Options:

There are four options by which you may pay our invoices, (please check the appropriate box below):

- Remittance with order
Please Note: If check is not included with order, it will be shipped C.O.D.
- C.O.D. (You will be responsible for any additional charges resulting from C.O.D.)
- Open Account (invoices payable N/30) \$500.00 Credit Limit
- Credit Card - VISA, Mastercard, American Express

Signature _____ Date _____
Owner / Authorized Agent