

CREDIT *Application* For Dental Laboratory

PEARSON DENTAL SUPPLY COMPANY

13161 Telfair Avenue, Sylmar, CA 91342

(818) 362-2600

FAX Completed Application to: 1-800-498-4039 or (818) 833-7720 Account Inquiries Call: 1-800-899-4545

Credit Account-Applicant Information

Business Name: _____

Owner or Doctor's Name: _____

BILLING ADDRESS: _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

E-Mail Address: _____

SHIPPING ADDRESS: (if different from above):

Contact Name: _____

Shipping Address: _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

E-Mail Address _____

Social Security No*:

- -

*The Social Security number is required for all Net-30 & C.O.D. billing accounts

Tax ID # _____

Current Suppliers

Company #1: _____ Contact: _____

Phone #: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Company #2: _____ Contact: _____

Phone #: _____ Fax: _____

Address: _____

City: _____ State: _____ Zip: _____

Net 30 Days Credit Information

Please Indicate Preferred Method of Payment

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

Prepaid Orders: All prepaid orders over \$250.00 require either a money order or check for clearance prior to shipping the order. Include sales tax if ordering from WA, TX, CA, NV, FL, HI, ID or AZ. Shipping (freight) goes by weight, size, and zip code of packages. There is a \$20.00 minimum for hazardous or heavy materials. Minimum order is \$25.00.

TYPE OF BUSINESS: (Please Check One):

Proprietorship Partnership PC Tax Exemption
 Corporation ★

★If Marked Corporation:

★ All Corporations Are Required to fill out our Corporate Application In Addition To Our Credit Application Form. Please Call For Your Copy.

International orders must be prepaid via wire-transfer. By signing below, you give Pearson Laboratory Supply Company permission to request consumer reports from consumer reporting agencies to be used in considering this Application and subsequently for the purpose of any update, renewal, extension of credit, reviewing or collecting on the Account. Upon your written request, we will inform you of the name and address of each consumer reporting agency from which we obtain a consumer report relating to you. 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 above, together with all other information submitted in connection with this application, is true and correct.

X

Authorized Signature _____

Date _____

IF PLACING C.O.D. ORDERS

- 1) C.O.D. Orders: The limit for company checks is \$250.00.
- 2) C.O.D. Orders have a \$8.00 charge, plus the shipping charge.
- 3) C.O.D. Minimum order is \$25.00
- 4) C.O.D. orders over the \$250.00 must be paid with a cashiers check or money order- (No Personal Checks)

PLEASE NOTE: WE WILL NOT SHIP TO P.O. BOXES

Credit Card Information

Credit Card Type:



Credit Card Security Code
(3 Digits on back of credit card - American express is 4 digits.)

Please Print Cardholder Name _____

Signature _____ Card Exp. Date _____

CREDIT CARD BILLING ADDRESS:

Address _____

City _____ State _____ Zip _____

Complete this application in full. We thank you for your application for credit with Pearson Dental Supply. We will process your application quickly, and will notify you within 30 days. All application inquiries may be directed to our accounting office at 1-800-899-4545. All information you provide will be kept in strict confidence, subject to the terms stated above. Thank you.

Please Sign Here:



Today's Date: _____