

NEW ACCOUNT INFORMATION

CHECK APPLICABLE BOX

NEW ACCOUNT

ACCOUNT UPDATE

CUSTOMER INFORMATION

LAST NAME:		FIRST NAME:	
PRACTICE NAME:			
PRACTICE ADDRESS:			
CITY:		STATE:	ZIP CODE:
PHONE:	FAX:	EMAIL:	
TAX ID (EIN):		REGISTRATION/LICENSE:	
OFFICE MANAGER:			PHONE:
MANAGER EMAIL:			

MAIN ASSISTANT INFORMATION

MAIN ASSISTANT:	PHONE:
MAIN ASSISTANT EMAIL:	

ACCOUNTS PAYABLE INFORMATION

AP CONTACT:	AP PHONE:	
AP EMAIL:	AP FAX:	
BILLING ADDRESS:		
CITY:	STATE:	ZIP CODE:

PAYMENT INFORMATION

CREDIT CARD NO:	EXP. DATE:	CVV:	
NAME ON CARD:			
BILLING ADDRESS:	CITY:	STATE:	ZIP CODE:

AGREEMENT

The terms and conditions, as set forth by SMILE AGAIN CENTER, are understood as follows:

1. I/We have the authority to obligate the above-named organization to the terms stated herein.
2. I/We agree to pay 2.42% per month (29% annually) for all past due balances.
3. I/We authorize SMILE AGAIN CENTER to charge the credit card on file when balances become due.
4. My/Our financial credit card condition is satisfactory and all financial obligation to SMILE AGAIN CENTER can be met as balances become due.
5. Due balances will be charged to the credit card on file on the last business day of each month.
6. Should legal action be necessary to pursue payment of any outstanding balance, I/we agree to pay all fees associated with this activity.
7. In the event of late, missed, or refused payments exceeding 45 days delinquent, existing cases/orders will be postponed until payment is received or resolved. In progress cases will be placed on a COD basis.

I submit the foregoing application for the purpose of obtaining product and services on an open account basis with SMILE AGAIN CENTER. I warrant that all information provided in this application is true and hereby authorize SMILE AGAIN CENTER to obtain a credit report and/or to contact the above listed references to assist in the overall approval process. Bank and credit information may be obtained for future reference provided account remains in active standing.

SIGNATURES

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
NAME (PLEASE PRINT):	NAME (PLEASE PRINT):		
TITLE:	DATE:	TITLE:	DATE:

FOR INTERNAL USE ONLY

CREDIT REP: _____ DATE RECEIVED : _____ ACCT #: _____