

## COMPANY PROFILE & ACCOUNT APPLICATION

IMPORTANT: In order to serve you better, we require as much information as possible about your company. Please provide us with the following information. NOTE: PROPER ACCOUNT NUMBERS WILL ENABLE US TO PROCESS YOUR APPLICATION IN A TIMELY MANNER.

Date: \_\_\_\_\_  New Application  Update Information  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Company Name: \_\_\_\_\_ Resale # \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

Type of Business:  Corporation  Partnership  Individual

Lab/Office Type:  Full Service  Denture  Orthodontic  Gold & Porcelain  Other  
Number of Technicians: \_\_\_\_\_

**Name of Bank:** \_\_\_\_\_ **Account #:** \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Vendor Trade Reference (1):** \_\_\_\_\_ **Account #:** \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Vendor Trade Reference (2):** \_\_\_\_\_ **Account #:** \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Vendor Trade Reference (3):** \_\_\_\_\_ **Account #:** \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

I authorize any company, creditor, bank, or personal reference to provide information concerning my business dealings with them to XPdent or its authorized representatives.

Interest at the rate of one and a half percent (1.5%) per month will be charged on past due invoices. Sales are governed by the laws of the State of Florida. Applicant will be responsible for attorney's fees incurred in the process of account collection.

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Date \_\_\_\_\_ Signature of Applicant and Title \_\_\_\_\_

If XPdent agrees to extend credit to the undersigned, the following terms of credit shall apply:

1. Prices are F.O.B. Miami, FL. All XPdent invoices are net and payable in U.S. Dollars. No extra discount is allowed. Terms are 30 days from date of invoice for established accounts. Prices are subject to change without notice. INTEREST OF 1.5% PER MONTH (18% PER ANNUM) WILL BE CHARGED ON PAST DUE ACCOUNTS AFTER THE 40<sup>TH</sup> DAY FROM DATE OF INVOICE.
2. In the event that a past due amount is referred for collection to any agency and/or attorney, the undersigned will pay all costs of collection, including a reasonable attorney's fee.
3. The undersigned shall bear all risk of loss on merchandise purchased following delivery by XPdent, to the carrier whether such merchandise is shipped prepaid or collect.
4. Upon demand, the undersigned will provide security for any and all indebtedness owing by the undersigned to XPdent including real estate mortgages or deeds of trust, inventory liens, assignment of contracts and accounts receivable and chattel mortgages.

It is understood that this application is given to induce XPdent to extend credit to the undersigned, and that XPdent will in fact rely upon this application if credit is extended.

Applicant (Name of Business): \_\_\_\_\_

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**FOR XPDENT USE ONLY**

\_\_\_\_\_ Approved    \_\_\_\_\_ Not Approved    XPdent Account # \_\_\_\_\_

Date: \_\_\_\_\_ Credit Dept. Authorized Signature \_\_\_\_\_