



PLEASE RETURN COMPLETED FORM(S) TO: G&H - ACCOUNTING DEPARTMENT
Email: accounting@gandhdental.com
Fax: (310) 214-0747

GENERAL OFFICE INFORMATION

1. Company Name: _____
Billing Address: _____ Phone: _____

Fax: _____
City, State and Zip: _____ Email: _____
2. Federal Tax ID or Social Security No. _____
3. Type of Business: Dental Office Dental Lab (If CA, provide Resale No. _____)
4. Years in Business: _____
5. Check which is applicable to you: Corporation Sole Proprietorship LLC
 General Partnership Limited Partners
6. Please list: Owner(s), Officer(s), Partner(s) _____
Please provide: License No. _____
7. Doctor/Account Holder's Name: _____
8. Accounts Payable Contact Name: _____
Phone: _____
Fax: _____
Email: _____
9. Requested Type of Account: Open Account Preauthorized Credit Card Payment COD
10. If requesting an "Open Account", I approve for G&H to pull any credit information as needed, including but not limited to personal credit reports, in order to determine appropriate credit limit.
11. I agree that my signature below authorizes G&H Dental Arts, Inc. to proceed with my lab work without a Dentist Signature on any paper prescription(s) submitted by my office.
12. I have read and agree to the G&H Terms and Conditions.

SIGNATURE

Name of Company: _____
Authorized Signature: _____ Date: _____
Print Name and Title: _____



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AGREEMENT

In consideration of G&H Dental Arts, Inc. supplying products on Open Account Credit Terms, it is understood the Statement Balance will be paid in full by the end of the subsequent month from the statement date.

I agree that, should I fail to fulfill any of the obligations under this credit agreement, fail to comply with payment terms or in the event any check be dishonored by our bank for any reason, then the entire balance owing on this account will become due immediately payable and any credit limitation established will be withdrawn. Amounts past due will be subject to a 2% service charge.

In the event my account goes out of terms, G&H Dental Arts has my authorization to apply charges on the following VISA or MasterCard Account:

VISA ACCOUNT

MASTERCARD ACCOUNT

Card Number

Name of Cardholder

Expiration Date

CVV2 - Credit Verification Value Code
(located on the back of the credit card)

SIGNATURE ON FILE

Cardholder Authorized Signature

Date