



New Account Information

The undersigned is requesting credit with G&H DENTAL ARTS, INC. (the "Company") and agrees to abide by the terms and conditions of the Company's standard contract.

1. Company Name and Address

Phone: _____

Fax: _____

2. Federal Tax ID or Social Security No. _____

3. Type of Business: Dental Office Dental Lab (If CA, Resale No.)

4. Years in Business: _____

5. Check which is applicable to you: Corporation General Partnership Limited Partners
 LLC Solo Proprietorship

Please list: Owner(s), Officer(s), Partner(s) _____

6. Please list all associates: _____ (License #) _____

_____ (License #) _____

_____ (License #) _____

* If more associates, please attach separate sheet with additional names.

7. Have you or any of your associates purchased from us before?

No Yes (under what name? _____)

I declare that the above information is true, correct and complete and is given to induce the Company to extend credit. I authorize the Company to make such credit investigation as the Company sees fit, including obtaining credit reports. We authorize all credit reporting agencies to disclose to the Company any and all information concerning the financial and credit history of my company and myself:

I have read the terms and conditions stated below and agree to all of those terms and conditions.

Name of Company _____

Authorized Signature: _____ Date: _____

Print Name and Title: _____

* Please attach a copy of your Dental License and/or California Resale Certificate if applicable.

GENERAL TERMS AND CONDITIONS

Invoices are billed by Statement. Statement balance is due by end of subsequent month from statement date. A 2% Service Charge will be billed on all past due balances. Return check fee charge will be \$25.00.