



New Customer Information

Name: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ FAX: (____) _____

Contact Information: (name and e-mail)

Technical: _____

Shipping: _____

Billing: _____

Payment Options:

- Check with each case, Credit Card charged with each case, Statement (paid by check by the 10th), Statement (paid by credit card on or before 15th)

Apex Dental Milling requires a credit card on file for all accounts.

For customers paying by check, bounced checks will be subject to a \$25 bounced check fee. Bounced checks or missed payments will result in a phone call from Apex Dental to the Billing contact listed above. If payment is not resolved within 30 days of the statement date, the credit card listed below will be charged for the amount due including any applicable fees.

For customers paying by credit card, this card will be charged for each case prior to each shipment, or by the 15th of the month following the statement date, as selected above.

By providing this credit card number, the laboratory and cardholder agree to be liable for any and all debts incurred with Apex Dental Milling. The laboratory and card holder agree to allow Apex Dental Milling to conduct a credit check. Billing cycles end on the last day of the month. Any unpaid balances will be subject to a minimum 1.5% per month financing fee. By signing below, the cardholder and laboratory agree to these terms and conditions.

Credit Card Information Type of Card: [] Mastercard [] Visa [] Discover

Name on Card: _____

Card Number: _____ Exp Date: _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Signature: _____