

QUALITY DENTAL SERVICES CORP. CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Title:			
Company name:			
Phone:	Fax:	E-mail:	
Registered company address:			
City:	State:	ZIP Code:	
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

BUSINESS AND CREDIT INFORMATION

Primary business address:			
City:	State:	ZIP Code:	
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:	Phone:		
City:	State:	ZIP Code:	

BUSINESS/TRADE REFERENCES

Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			
Company name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	E-mail:	
Type of account:			

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Quality Dental Services, Corp. to make inquiries into the business/trade references that you have supplied.
4. All business name changes must be documented and supplied to Quality Dental Services, Corp.

SIGNATURES

Title: Date:	Title: Date:
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Personal Guarantee and Agreement

I agree to pay my account in accordance with Quality Dental Services, Inc., regular terms which are stated on the invoice. In the event any balance is not paid within the terms stated (net 30 days from the ship date), a possible delinquent charge of 1.5% per month will be assessed on the outstanding balance. Should it become necessary to place the account for collections, applicant further agrees to pay all actual costs of collection including actual attorney's fees whether of not litigation is commenced or prosecuted to the final judgment. Parties hereby agree that if any suit is brought to enforce any part of terms of sale as stated on invoice, venue of said suit for action shall be in the appropriate trial court of the County of Ventura, State of California. In the event I/we sell, transfer, or change ownership of legal structure of our business, I/we agree to provide written notice thereof delivered to the corporate credit department of Quality Dental Services, Inc., which notice must actually be received. Until we provide such notice, I/we agree to be liable for all purchases made on the account established in our name. I/we hereby authorize Quality Dental Services, Inc. to whom this application is made to investigate the references listed pertaining to my/our credit and financial responsibility. **APPLICANT'S SIGNATURE ATTESTS TO FINANCIAL RESPONSIBILITY, ABILITY, AND WILLINGNESS TO PAY OUR INVOICE IN ACCORDANCE WITH ABOVE TERMS.**

Business Name _____

Authorized signature and title _____

Authorized signature and title _____

PERSONAL GUARANTY

I, _____, for and in consideration of your extending credit to _____ do hereby agree to the above terms and conditions and assume personal responsibility for payment of all amounts which said applicant for credit has agreed to pay

Dated this _____ day of _____ 20____ Signature