

Phoenix Frames Dental Lab Credit Application

Business Information

Exact Name of Business:

Business Address:

City:

State:

Zip:

Telephone Number:

Fax Number:

Email:

Principal Owner(s):

Financial Officer:

Date Business Started:

Number of Employees:

Type of Ownership (circle one): Corporation Partnership Sole Proprietor

Bank References

Name of Bank:

Account No:

Address:

City:

State:

Zip:

Name of Bank:

Account No:

Address:

City:

State:

Zip:

Trade References

Business Name:

Contact Name:

Phone:

Address:

City:

State:

Zip:

Business Name:

Contact Name:

Phone:

Address:

City:

State:

Zip:

Are you presently 60 days or more past due with any supplier? (check one) Yes No

If yes, please explain:

I authorize Phoenix Frames Dental Lab to verify the information provided on this form. All invoices due and payable on or before the 15th of the following month. A 1 1/2% service charge will be added to all past due amounts. Customer assumes responsibility for all costs incurred in the collection of past due amount.

Signature of Applicant:

Date: