

ACCOUNT APPLICATION &

PAYMENT AUTHORIZATION FORM

***Smartdent Milling Center* requires *a valid Credit Card on file to establish an account.***

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| LABORATORY /CUSTOMER INFORMATION | | | |
| COMPANY NAME NAME OF OWNER | | | |
| COMPANY ADDRESS SUITE # | | | |
| CITY STATE ZIP CODE | | | |
| PHONE FAX | | | |
| CREDIT CARD INFORMATION | | | |
| Card Type | Card Number | | |
| Cardholder Name | Expiration Date | Verification Code | Zip code |
| Cardholder’s Signature | | Date | |

***Smartdent Milling Center offers two payment options. Please choose a pay method below.ORY*** INFORM

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| --- | --- |
| AUT0-PAY METHOD Choose |  |

On the 15th day of each month, your credit card on file will be charged for the balance occurred in the previous month. Customer agrees to have statements automatically deducted via Credit Card each month.

*If the card on file declines, then you will be given the option of using another credit card or submit a payment in full by check on or before the last business day of that month. Payments not received by the end of the month, will be subject to C.O.D. status and any current or upcoming cases will be put on hold until the account becomes current. Accounts not paid within the stated terms will be subject to a late charge of 2% of unpaid balance and your account will be turned to collection. Cost of Collection will be paid by the customer.*

|  |  |
| --- | --- |
| PAY BY CHECK METHOD  **Choose** |  |

Payments by check must be received by the 15th of the month for the balances occurred in the previous month. Smartdent Milling Center does not offer net 30 day terms.

*If check payment is not received by the 15th of the month, then your Credit Card on file will be charged to bring account to current. Payments not received by the 15th of the month, will be subject to C.O.D. status and any current or upcoming cases will be put on hold until the account becomes current. Accounts not paid within the stated terms will be subject to a late charge of 2% of unpaid balance and your account will be turned to collection. Cost of Collection will be paid by the customer.*

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Customer Signature Date

Complete and fax this form to: or Mail to: 6850 Van Nuys Blvd. Suite #220

818 285.0505 Van Nuys, CA 91405