



CREDIT

Application

PEARSON DENTAL SUPPLY COMPANY
13161 Telfair Avenue, Sylmar, CA 91342
(818) 362-2600

FAX Completed Application to: 1-800-498-4039 or (818) 833-3203 Account Inquiries Call: 1-800-899-4545

CREDIT ACCOUNT-APPLICANT INFORMATION

All Information is Kept Secured & Confidential

BILLING ADDRESS

Business Name _____

Owner or Doctor's Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Contact Name _____

e-Mail Address _____

SHIPPING ADDRESS (if different from above):

Business Name _____

Owner or Doctor's Name _____

Shipping Address _____

City _____ State _____ Zip _____

Phone # _____ Fax # _____

Contact Name _____

Please Note: We will not ship to P.O. Boxes.

CREDIT CARD INFORMATION

Credit Card Type: Bank Name _____



--	--	--	--	--	--	--	--	--	--

--	--	--	--

Credit Card Security Code
(3 Digits on back of credit card -
American express is 4 digits.)

Card Exp. Date

Please Print
Cardholder Name _____

Address _____

City _____ State _____ Zip _____

IMPORTANT: CREDIT CARD BILLING ADDRESS
only if different from Shipping Address

Signature _____ Date _____

Your Signature Hereon Authorizes Pearson Dental
To Charge This Credit Card At Time Of Each Purchase.

IMPORTANT INFORMATION:

Due to state and federal laws: Prior to your first purchase of any controlled substances (ie: needles, syringes, anesthetics, I.V. solutions, Injectibles, etcetera), please fax or mail us a **copy** of the Doctor's License and DEA CERTIFICATE for our records.

License # _____ Exp. Date _____

DEA # _____ Exp. Date _____

NET 30 DAYS CREDIT INFORMATION

Please Indicate Preferred Method of Payment

☐ Net 30 Days ☐ Credit Card ☐ C.O.D.

TYPE OF BUSINESS: (Please Check One):

☐ Proprietorship ☐ Partnership ☐ PC ☐ Tax Exemption
☐ Corporation ☒ LLC

★ If Marked Corporation:

★ All Corporations Are Required to fill out our Corporate Application In Addition To Our Credit Application Form. Please Call For Your Copy.

Social Security No* _____

*The Social Security number is required for all Net-30 / C.O.D.

By signing below, you give Pearson Dental Supply Company permission to request consumer reports from consumer reporting agencies to be used in considering this Application and subsequently for the purpose of any update, renewal, extension of credit, reviewing or collecting on the Account. Upon your written request, we will inform you of the name and address of each consumer reporting agency from which we obtain a consumer report relating to you.

Terms: Proprietorships, Partnerships, or Corporations including professional corporations assume liability for ALL purchases made by any employee, manager, office, doctor, or pharmacist employed when the order was placed. I hereby agree to pay interest on all overdue accounts at the rate of 1.5% monthly, and to pay all costs of collection including reasonable attorney's fees. I hereby certify that the information set forth above, together with all other information submitted in connection with this application, is true and correct.

C.O.D. INFORMATION

- 1) C.O.D. Orders: The limit for company checks is \$250.00.
- All orders over the \$250.00 must be paid with a cashiers check or money order - (No Personal Checks)
- 2) C.O.D. Orders have an **\$11.00 charge** (subject to change), plus the shipping charge.
- 3) Prepaid Orders: All prepaid orders over \$250.00 require either a money order, Cashiers Check or Company Check (All Checks & Company Checks Will Have to wait for check clearance which will take approximately 14-Business Days) prior to shipping the order.
- 4) Include sales tax if ordering from WA, TX, CA, NV, FL, HI, ID or AZ. Shipping (freight) goes by weight, size, and zip code of packages. There is a \$25.00 minimum for the shipping of hazardous materials. **Minimum order is \$25.00.**

Account # _____ Type _____

Bank Address _____

City _____ State _____ Zip _____

Contact Name _____

Phone _____ Fax _____

X

Authorized Signature

Date

GOVERNMENT CREDIT INFORMATION

The following is required for all government accounts.

A faxed or mailed copy of the purchase order. Including purchasing agent's name, phone, fax number and an authorized signature. Billing and shipping information, list all shipping addresses necessary. A faxed or mailed copy of the tax exemption form.

Complete this application in full. We thank you for your application for credit with Pearson Dental Supply. All application inquiries may be directed to our accounting office at 800-899-4545. All information you provide will be kept in strict confidence, I agree to the terms stated above.

Please
Sign Here:

X

Today's
Date: