



New Customer Information

Laboratory Name: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

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

Contact Information: (name and e-mail)

Technical: _____ Billing: _____

Payment Options:

- Check / Credit Card with each case
Statement (paid by credit card on or before 28th)
Statement (paid by check)

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

A 2% discount may be taken for statement payments made by check, if and only if the payment is received by Apex Dental Milling by the 10th of the month following the statement.

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.

For customers paying by credit card, this card will be charged for each case prior to each shipment, or by the 28th 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.

Credit Card Information Type of Card: Mastercard Visa Discover

Name on Card: _____

Card Number: _____ Exp Date: _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Signature: _____