



New Customer Information

Customer Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

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

Contact Information: (name and e-mail)

Technical: _____

Shipping: _____

Billing: _____

Payment Options:

- Check by Case – Due upon receipt of invoice
- Credit Card Auto Billed by Case (Processed Upon Shipment)
- Check for Full Statement Balance – Due 10th Calendar Day of Month
- Credit Card Auto Billed for Full Statement Balance on 10th Calendar Day of Month

Apex requests all customers to keep a valid credit card on file. Open invoices not settled within 60 days of invoice date and not in dispute will be charged to the credit card on file. Returned checks will incur a \$35 bounced check fee.

Customers agree to liability for all work completed by Apex Dental Milling. Unpaid balances are subject to a 2.0% per month fee. By signing below, the customer agrees to these terms and conditions.

Credit Card Information Mastercard Visa Discover American Express

Name on Card: _____

Card Number: _____ Exp Date: _____ CVV _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Signature: _____