

# New Account Application

Name \_\_\_\_\_

SS # \_\_\_\_\_

Office

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Home

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Office Phone \_\_\_\_\_ Home

Phone \_\_\_\_\_

E-mail

Address \_\_\_\_\_

Please send me Avesta Dental Arts special offers and announcements.

## Terms:

It is the policy of Avesta Dental Arts to send invoices with each case. At the end of the month, a statement will be sent with total charges due. Payment is due upon receipt. Any account unpaid within 30 days is subject to a 1 1/2% charge on the unpaid balances are cleared.

A \$20.00 bank and bookkeeping charge is made for any check returned as NSE.

Any overdue account turned over to our attorneys for processing and collection will be assessed the full cost incurred by us for such necessary action.

I hereby submit that all information on this application is accurate and true. Avesta Dental Arts has my permission to verify information contained in this application. I further agree to abide by the terms as defined herein.

\_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

License# \_\_\_\_\_

## Pre-Authorized Credit Card Purchases

Name on Card \_\_\_\_\_  Visa  Master Card

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

# AVESTA