Morse Dental Lab
Consistent & Reliable Since 1991

PAYMENT OPTION 1: CREDIT CARD ON FILE

☐ Debit ☐Credit Card #:

☐VISA ☐MASTERCARD ☐AMEX Expiration: Month: Year: SIC:

Charge my Card as follows: ☐ 10th of month ☐ 20th of month ☐ Last day of month

Undersigned authorizes Morse Dental Laboratory to charge the above credit card for balances due on the business day nearest the date checked and agrees to pay card provider per agreed terms and conditions.

PAYMENT OPTION 2: CREDIT LINE APPLICATION

BUSINESS CONTACT INFORMATION			
Dentist Name:			
Practice Name:			
Professional License Number (required):			
Phone:	Fax:	E-mail:	
Registered company address:			
City:		State:	ZIP Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:
BUSINESS AND CREDIT INFORMATION			
Primary business address:			
City:		State:	ZIP Code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Bank name:			
Bank address:		Phone:	
City:		State:	ZIP Code:
Type of account:	Account number:		
Savings			
Checking			
Other			
BUSINESS/TRADE REFERENCES			
Vendor Name:			
Phone:	Fax:	E-mail:	
Type of account:			
Vendor Name:			
Phone:	Fax:	E-mail:	
Type of account:			
Business Bank Information			
Bank Name:			
Contact Person:		Account #:	Phone:
By submitting this application, you authorize Morse Dental Laboratory Inc. to make inquiries into the banking and business/trade references that you have supplied.			
SIGNATURE OF PRINCIPAL		DATE	