

Please provide contact information for the party completing this application:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_ Additional Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Company Name: \_\_\_\_\_ D.B.A.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

DUNS Number: \_\_\_\_\_ Federal EIN Number: \_\_\_\_\_  
(Please include copy of Certificate)

Type or Category of Business: \_\_\_\_\_ Number of Years in Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Business a Corporation  YES  NO Business a Partnership  YES  NO

Please provide the contact information for (2) OFFICERS (if a corporation) or (2) PARTNERS (if a partnership)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_ Additional Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_ Additional Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### BANK AND CREDIT INFORMATION

DDSBrace.com REQUIRES initial purchases are processed via CREDIT CARD / DDSBrace.com RESERVES THE RIGHT to charge overdue balances to credit cards

Primary Bank Name: \_\_\_\_\_ Bank Address: \_\_\_\_\_

Phone: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_ Checking Account Number: \_\_\_\_\_

### CREDIT CARD INFORMATION

Business Name On Credit Card: \_\_\_\_\_ Individual Name On Credit Card: \_\_\_\_\_

Type of Credit Card:  VISA  AMEX  MasterCard  Discover Other: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### BUSINESS/TRADE REFERENCES

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_