



B&B DENTAL CERAMIC ARTS

1525 N 4th St. Renton, WA 98057
p. 425.226.3223 f. 425.430.5401

New Account Form

Dr. Information

Name: Phone:

Company:

Address:

City: State: Zip Code:

Years in Business: E-Mail

Credit Card Authorization

Name of Cardholder : Card Type: Visa Master

Card# : Exp Date(MM/YY): 3 Security Code:

Billing Address:

By submitting this information, I certify that above information is true and correct. By copy of this application, I authorized credit card information relative to my account. Payment terms will be net 30 days from last statement. B&B does not accept regular credit card payments. However, a credit card is required to open a account at B&B. For statement 30 days past due, B&B will charge the amount of past due, plus 1.5% late fee to the credit card number provide. It is agreed that I will pay a service charge of 2.7% per month on the total amount past due and should a default in payment occur, my company will pay all reasonable collection costs, attorney fees and court expenses. If a suit is instituted due to nonpayment, It is understood that Renton, WA will be recognized as having jurisdiction. In consideration of B&B extending credit to my company, I as an officer/Owner, do personally guarantee and indemnify against loss or indebtedness from my company. This guarantee shall be a continuing and irrevocable guarantee, which shall be binding upon me and my legal representatives and notice of default or bankruptcy is waived.

The undersigned, of the professional corporation described above, does hereby personally guarantee payment of all sums due to B&B . All principals must sign below.

Signature: Date: