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 www.shererdentallab.com

Big lab capabilities. Small lab service.

Credit Policy

We offer you the convenience of a monthly open account after a credit check. Invoices are sent with each case and statements are mailed the first of each month which totals the previous month's invoices.

- *All statements are net due upon receipt.*
- *A 1.5% service charge will be added to unpaid balance if a payment is not received by the 15th of the month.*
- *All payments received by customers with a past due balance will be applied to service charges first and then to the oldest outstanding balance.*
- *Customers with outstanding balances of 60 days or more will be converted to a COD basis with a minimum of \$100 added to each case to be applied to the outstanding balance. All COD cases will be delivered via UPS or FedEx at your cost.*
- *In the event an account must be collected by a collection agency or an attorney, the customer will pay the costs of collection.*

I (we) understand that you offer the convenience of a monthly open account after a credit check. In the event of my (our) default, I agree to pay reasonable attorneys fees and collections costs.

Signature: _____

Name: _____ Federal ID # or SS#: _____

Business address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Fax: _____ Email: _____

Contact Person: _____

Home address: _____

City: _____ State: _____ Zip: _____ Phone: _____

How Would You Like To Pay?

- Automatic Credit Card Payment (Processed on the 5th of each month) Will call when charge can be applied to credit card (Due by the 15th of each month) Will send check after receipt of monthly statement (Due by the 15th of each month)

If Paying By Credit Card:

Name as it appears on card: _____

Card Type: Visa Mastercard American Express Discover

Card #: _____ Exp Date _____ V-Code _____

Billing address: _____
(as shown on your card statement)

Billing City: _____ Billing State: _____ Billing Zip: _____

Authorized signature: _____