



ACCOUNT OPENING / FILE UPDATE

COMPANY

Name _____
Address _____
City -Province—P code _____
Tel - Fax _____
E-mail _____
Year established _____
Owner _____
Purchaser _____
Assistant _____
Accounting _____

BANK INFORMATION *** IMPORTANT TO FILL OUT *******

Bank name *** _____
Bank address *** _____
Contact _____
Phone _____
Branch & Account # *** _____

I hereby authorize the bank to release the necessary information to assist in this inquiry. Credit terms upon acceptance by Umbrella Dental Group Inc. are "Net 30 days".
Respecting these conditions will keep your account active. Interest will be charged on past due invoices.

Considering that the present is an installment sale, Umbrella Dental Group Inc. will remain owner of the sold merchandise until full payment is received. The buyer acknowledges that it is his/her responsibility to inform his/her creditors of the above reservation of ownership and that he/she will be liable for it. The fees to recover debts will be at the buyer's expense.

CREDIT AMOUNT REQUESTED \$ _____

PAYMENT METHOD by cheque _____ by credit card _____
(Please fill out CC authorization form)

AUTHORIZED SIGNATURE _____
Name & tel _____
Title _____