



Customer Name: _____ **BioHorizons Customer ID:** _____

Credit limit Requested: \$ _____ **Date:** _____

CREDIT APPLICATION

Full Legal Business Name: _____

Contact Name

Business Address: _____

Street

City

State

Zip

Owner/Principal: _____ Social Security Number _____

Home Address: _____

Street

City

State

Zip

E-Mail: _____ Internet Address: _____

Phone: _____ Fax: _____ Federal Tax ID #: _____ Years
in Business: _____

Nature of Business: _____

DUNS #: _____ Years of Ownership: _____

State of Incorporation/Organization: _____ Business Type: _____ Corp.
Limited Liability Corp. Partnership Proprietorship

Customer Type: Lab Doctor/Specialist Dental Service Organization INTL
distributor

The person(s) supplying the above information certifies to BioHorizons Implant Systems, Inc. that it is true and correct. The Owners/Partners/Guarantors recognize that their individual credit histories may be a factor in the evaluation of the credit applicant and, thus, authorize BioHorizons Implant Systems, Inc. or its designee to investigate their personal credit status. This includes obtaining and using their

consumer credit reports from time to time in the credit evaluation and collection processes.

CREDIT AGREEMENT

Customer agrees to pay for any and all deliveries under and pursuant of its account, whether ordered by the customer or by any person representing himself/herself to be an agent, employee or representative of the company. Shipments are FOB origin, ownership changes when product ships. All Sales, unless otherwise noted, are NET 30 Days. If payment is not received by the due date, customer shall owe, in addition to the invoice amount, a late fee of 1.5% per month, or the maximum allowed by law, on all unpaid balances. Customer agrees to pay all collections costs, attorney's fees and court costs incurred in the collection of said amount in the event legal action is necessary. In addition, BioHorizons reserves the right to suspend all future shipments until all payments have been received.

Name (please print or type)

Title (please print or type)

Sign and Date

Questions? Call BioHorizons Customer Care at 1-888-246-8338