



Customer Name: _____ Customer ID: _____
Credit limit requested: \$ _____ Date: _____

PURCHASE 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

The person(s) supplying the above information certifies to Vulcan Custom Dental 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 applicant and, thus, authorize Vulcan Custom Dental 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.

X

Questions? Call Vulcan Custom Dental at 1-844-484-2301