

DENTLIGHT INC

Account Application

Name of Firm or Individual _____

Address _____

City_____ **State/Province**_____ **Zip/Post Code**_____

Country_____

Phone _____ **Fax** _____

Email address _____ **Web address** _____

Type of Business **Corporation** _____ **Partnership** _____ **Individual** _____

Sales Territory _____

Marketing Channel _____ **Number of sales reps** _____

President or Owner

References: (Please furnish complete address, phone number and fax number or email)

Bank: _____

Phone _____ **Fax** _____

Trade: 1) _____

Phone _____ **Fax/email** _____

2) _____

Phone _____ **Fax/email** _____

3) _____

Phone _____ **Fax/email** _____

I authorize any company, creditor, bank or personal reference to provide information concerning my business dealings with them to DentLight or its authorized representative.

Date

Signature

Title