



Date \_\_\_\_\_

**SECTION I: Customer Information**

Business/Practice Name \_\_\_\_\_

Business/Practice Email Address \_\_\_\_\_

Business/Practice Phone Number(s) \_\_\_\_\_

Business/Practice Fax Number(s) \_\_\_\_\_

Business/Practice Billing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

County \_\_\_\_\_

Business/Practice Shipping Address (if different) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

County \_\_\_\_\_

Tax Exempt? ☐ YES ☐ NO (if yes, attach exemption certificate)

Is your business a dental practice? ☐ YES ☐ NO

Purchase Order Required? ☐ YES ☐ NO

(if business is not a dental practice, give business description and state product intended purpose below)

Consent to Fax Communications from Brasseler? ☐ YES ☐ NO

Name of Person Giving Fax Consent (written consent required for California customers)

Practitioner's Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Practitioner's License Number \_\_\_\_\_

Practitioner's Licensed State(s) \_\_\_\_\_

Ordering Contact's Name \_\_\_\_\_

Payables Contact's Name \_\_\_\_\_

Federal Tax ID or Employee Identification Number (required for all new customers)

Other Brasseler Account Numbers (Customer Numbers)

**SECTION II: Personal Guarantee for Credit** (complete only if credit terms are requested)

**Personal Guarantee:**

The above information is provided by the undersigned for the purpose of establishing an account and credit from Brasseler USA. The undersigned expressly agrees that the terms of payment required by Brasseler USA are Net 30 Days from invoice date unless otherwise specified on sales invoice. The undersigned personally guarantees the prompt payment to Brasseler USA of all payment which may hereafter become due and owing. Payments include, but are not limited to, all extensions of credit to Customer, all transactions between Customer and Brasseler USA, the invoiced cost of products and services sold to Customer, and any other amounts, charges, expenses, interest, fees, and costs owed by Customer to Brasseler USA. Customer will reimburse Brasseler USA for all expenses incurred by it in the collection, enforcement, or attempted enforcement of any of its rights including, but not limited to reasonable attorney fees and costs and collection agent fees and expenses.

Signing as an officer of a corporate entity in no way excludes the undersigned of the personal liability. It is understood that credit privileges can be revoked without prior notice from Brasseler USA.

Name of Financially Responsible Party (printed)

Signature of Financially Responsible Party

**SECTION III: Credit Card Information** (complete if credit terms are NOT requested)

Card Type: ☐ Visa/MasterCard ☐ Discover ☐ American Express

Name on Card \_\_\_\_\_

Email Address for Card Transaction Notices \_\_\_\_\_

XXXX XXXX XXXX \_\_\_\_

Last Four Digits of Credit Card Number

Expiration Date \_\_\_\_\_

Card Billing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Enroll in Autopay? ☐ YES ☐ NO

Sign Here if Enrolling in Autopay

**Brasseler is committed to reducing paper consumption! Would you like to help?**

☐ YES, I'd like to receive all invoices and statements via email

☐ NO thanks, please continue to send paper invoices

Preferred Email Address for Invoices and Statements

**PLEASE EMAIL OR FAX  
COMPLETED APPLICATION TO:**

**888.610.1937 (FAX) or  
OrderEntry@BrasselerUSA.com**

**Brasseler U.S.A. Dental, LLC  
Attention: Order Entry  
One Brasseler Blvd  
Savannah, GA 31419**