



URGENT
Complete
Immediately

Email to Peterson Dental Laboratory

Accounting@petersondentallab.com

Credit Agreement

The undersigned hereby applies for trade credit from Peterson Dental Laboratory.

| | |
|------------------------------|----------------------|
| Office Location Information: | Billing Information: |
| Practice Name: | Practice Name: |
| Dentist Name: | Dentist Name: |
| Contact: | Contact: |
| Phone: | Phone: |
| Fax: | Fax: |
| Street: | Street: |
| City: | City: |
| State: | State: |

Terms and Conditions

In consideration of Peterson Dental Laboratory, Inc. extending credit to Customer, Customer agrees to the following terms and conditions. These terms and conditions control over any conflicting provisions contained in any contracts, documents, purchase orders, confirmations or the like from the Customer. To ensure understanding and acceptance Peterson Dental Laboratory's terms and conditions, we require all new accounts to complete and sign this form and forward it to our accounts receivable department.

If we do not receive this response card, any new cases will be billed on a COD basis until the credit agreement is received.

1. Payment: Customer shall pay the fee and all other charges associated with the case 30 after statement. A \$25 late payment and/or interest charge of 2% per month shall be added to all amounts not paid when due. Buyer shall pay all costs incurred by Peterson Dental Laboratory in collecting any amount due, including all reasonable attorneys' fees and a \$30.00 handling charge for any returned checks. The undersigned agrees that this agreement is made in the State of Florida and that Pam Beach County, Florida is a proper venue for any action to collect money owed to Peterson Dental Laboratory, Inc. by the Customer.
2. Nonconforming Goods: Any claim that any goods provided by Peterson Dental Laboratory, Inc. to Customer do not conform to the description on the invoice will not be credited unless Customer gives written notice to Peterson Dental Laboratory within 30 days after the Customer's receipt of the invoice. Peterson Dental Laboratory, Inc. will repair or remake work invoiced no more than 12 months ago to the Customer's satisfaction and the charges will be agreed upon at the time of the repair/remake.
3. Authorization to Obtain Credit Information: Customer expressly authorizes Peterson Dental Laboratory, Inc. to seek and obtain credit information from all sources, including but not limited to, all credit bureaus and credit reporting agencies.

I have read Peterson Dental Laboratory's Credit Agreement and accept the terms and conditions.

I would like to pay by check.

I would like to pay by credit card (please complete Pre-Authorization Form included with this document).

Guarantor (Customer) Signature: _____ Date: _____

Guarantor (Customer) Printed Name: _____

**Email Peterson Dental Laboratory
Accounting@Petersondentallab.com**

Credit Card Preauthorization Form

To simplify the management of your account we offer payment by Visa, Master Card or American Express.

To take advantage of this payment option, we must have authorization to process the charge. An authorization form is at the bottom of the page.

Your credit card can be processed by either option:

1. The account balance can automatically be billed to the credit card on file the day the statement is processed.
2. Receive your statement the first of each month and if there are not any discrepancies your account will automatically be billed to the card on file on the fifth of the month.

Please fill out the pre-authorization form to utilize this method of payment. Please choose which processing option works best for you. Feel free to call our Accounts Receivable Department with questions or for additional information

Preauthorization Form: Visa, MasterCard or American Express

All information must be completed to process card.

Practice Name: _____

Dentist Name: _____

please use this card for this account and any following account listed: _____

Cardholder's Name: _____ (for practices with multiple locations, accounts or dentist)

Office Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Card Number: _____

CVV Number: _____ Exp. Date: _____

- Option 1 - Automatically process account balance on the statement date.
 Option 2 - Automatically process account balance on the 5th of each month unless I contact Peterson Dental Laboratory with a discrepancy on my statement.

Cardholder's Signature: _____ Date: _____

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Limited Warrantee and Return Policy

Product Return Policy

All restorations returned must include:

- 1) Copy of original invoice.
- 2) All products associated with case (Peterson fabricated restoration, study cast, mounted models, impressions, impression copings, etc.) must be returned for evaluation.
- 3) Detailed reason for return. Failed Peterson Dental Laboratory restoration will be credited based on original invoice price. Special order components will not be accepted. Discontinued, expired, or damaged components will not be accepted. Implant abutments and crowns will not be credited due to implant failure or change of treatment.

Product & Pricing Changes

To keep up with the continually changing industry, Peterson Dental Lab reserves the right to change pricing, improve, modify, or discontinue products without prior notice.

Limited Warranty / Limited Liability

Peterson Dental Lab warrantees that all dental devices are made according to your specifications and approval. Subject to return of a device that has failed, the lab will repair or replace the device without charge for the cost of materials and workmanship or refund the customer for the original paid price at the lab's discretion, as follows: 1) screw-retained titanium and zirconia abutments (exclude abutments will greater than 20 degrees of angulations), up to 5 years; 2) porcelain to metal, all porcelain, full metal crowns, single unit inlay and onlay (excluding mutually opposing implant-supported full arch bridges), up to 3 years; 3) milled implant bars (excluding TBS provisionals, acrylic and denture teeth), up to 5 years; 4) dentures and partials, including screw-retained dentures but excluding immediate dentures and partials, up to 1 year if failure is due to defect in materials or workmanship; 5) provisional, composite restorations, splints, up to six months; 6) immediate dentures and partials, flippers, radiographic stents, surgical guides, thermoformed appliances, and all other dental devices up to 30 days; 7) special order products: Peterson Dental Lab will not be liable for any incidental or consequential damages, whether foreseeable or not, caused by defects in the product or dental devices produced using the product; the clinician is responsible for determining the suitability of the product for the custom application.

You agree to pay all other cost associated with adjustment, repair and replacement of a device. Except where prohibited by law, the lab WILL NOT BE LIABLE FOR ANY LOSS OR DAMAGES ARISING FROM THE USE OF A DEVICE, WHETHER DIRECT, INDIRECT, SPECIAL, INCIDENTAL OR CONSEQUENTIAL, regardless of the theory asserted, including warranty, contract, negligence or strict liability. If such disclaimer is not permitted by law, the duration of any implied warranty is limited to 90 days from the date of delivery. The lab does not guarantee the performance of independent carriers.

Guarantor (Customer) Signature: _____ Date: _____

Guarantor (Customer) Printed Name: _____