

## CREDIT LINE REVIEW

### CHECK APPLICABLE BOXES

NEW ACCOUNT                       INCREASE                       PENDING ORDER

### CUSTOMER INFORMATION

NAME OF FINANCIALLY RESPONSIBLE INDIVIDUAL(S):

PRACTICE/BUSINESS NAME:

BILLING STREET ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE:

FAX:

EMAIL:

SOCIAL SECURITY #:

DEA FORM 223 # (INCLUDE COPY):

2<sup>ND</sup> SOCIAL SECURITY # (IF MULTIPLE PARTIES):

PRACTITIONER LICENSE #:

### BUSINESS / PRACTICE INFORMATION

DATE PRACTICE ESTABLISHED (OR OPENING):

TAX ID (EIN) #:

BUSINESS STRUCTURE

SOLE PROPRIETORSHIP

PARTNERSHIP / LLP

LTD. LIABILITY COMPANY

CORPORATION

OTHER

STATE & COUNTY OF INCORPORATION:

TAX EXEMPT/RESALE # (INCLUDE COPY):

NEW PRACTICE?

YES

NO

IF ACQUIRED/MERGED, BY WHOM & DATE:

PRACTICE SPECIALTY:

ACCOUNTS PAYABLE CONTACT:

IS PURCHASE ORDER (P.O.) REQUIRED?

YES

NO

CONTACT NAME FOR P.O.:

P.O. CONTACT PHONE:

P.O. CONTACT EMAIL:

### BANK REFERENCE

BANK NAME:

ACCOUNT #:

BANK STREET ADDRESS:

PHONE:

CITY:

STATE:

ZIP CODE:

TYPE OF ACCOUNT:

CHECKING

SAVINGS

BROKERAGE

BANK CONTACT:

### TRADE REFERENCES

COMPANY:

ACCOUNT #:

PHONE #:

COMPANY:

ACCOUNT #:

PHONE #:

### AGREEMENT

**The terms and conditions, as set forth by Henry Schein, are understood as follows:**

1. I/We have the authority to obligate the above named organization to the terms stated herein.
2. I/We agree to pay 1.5% per month (18% annually) for all past due balances.
3. In the event of late, missed, or refused payment, future orders may be postponed until payment is received or resolved.

I represent and warrant that all information provided in this form is true. By signing this form, I authorize Henry Schein, Inc. and its subsidiaries and affiliates ("HSI"), by or through their designees: (i) to investigate my personal credit and finance records, including obtaining records from the above-listed bank(s) and from such other applicable banks providing information related to the opening and extension of credit and other accounts with HSI, and (ii) to use my social security number to request and obtain consumer credit reports in connection with the opening, monitoring, renewal and extension of accounts with HSI. I further consent to the sharing of the information I provide in connection with my application and account, as well as the information on my consumer credit report, by and among Henry Schein, Inc. and its subsidiaries and affiliates, and with third parties from which I elect to apply for credit, for purposes of applying for and extending credit and other forms of accounts. Bank and credit information may be obtained for future reference provided my account remains in active standing."

### SIGNATURES



NAME (PLEASE PRINT):

NAME (PLEASE PRINT):

TITLE:

DATE:

TITLE:

DATE:

### SEND COMPLETED FORM TO CORRESPONDING CREDIT DEPARTMENT

BASTIANCLR@HENRYSCHEIN.COM

MELVILLECLR@HENRYSCHEIN.COM

WESTALLISCLR@HENRYSCHEIN.COM

GREENVILLECLR@HENRYSCHEIN.COM

RENOCLR@HENRYSCHEIN.COM

### OFFICE USE ONLY

CREDIT REP: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ ACCT #: \_\_\_\_\_ EXPERIAN: \_\_\_\_\_