

AUTOPAY ENROLLMENT FORM

PLEASE NOTE: BY COMPLETING, SIGNING AND SUBMITTING THIS FORM (INCLUDING BY FACSIMILE OR OTHER ELECTRONIC MEANS), YOU ARE ACKNOWLEDGING THAT HENRY SCHEIN IS AUTHORIZED, ON A MONTHLY BASIS, TO AUTOMATICALLY DEBIT THE CHECKING ACCOUNT NUMBER OR CREDIT CARD NUMBER YOU HAVE PROVIDED FOR THE TOTAL AMOUNT OF ALL DESIGNATED PURCHASES BILLED TO THE HENRY SCHEIN ACCOUNT NUMBER NOTED BELOW.

CUSTOMER INFORMATION

NAME OF CUSTOMER:

NAME OF RESPONSIBLE PARTY ACTING ON AUTHORIZATION:

HENRY SCHEIN ACCOUNT #:

CONTACT EMAIL ADDRESS:

CONTACT PHONE #:

INVOICES TO PAY -- CHECK APPLICABLE BOXES

ALL INVOICES

MERCHANDISE INVOICES *ONLY*

EQUIPMENT / SERVICE INVOICES *ONLY*

PAYMENT METHOD -- CHECK APPLICABLE BOX

ACH / CHECKING ACCOUNT

CREDIT CARD

ACH / CHECKING ACCOUNT INFORMATION

NAME ON ACCOUNT:

BANK NAME:

BANK ROUTING (ABA) #:

BANK CHECKING ACCOUNT #:

CREDIT CARD INFORMATION

TYPE OF CARD:

VISA / MASTERCARD

AMERICAN EXPRESS

DISCOVER

NAME ON CREDIT CARD:

CREDIT CARD #

EXPIRATION DATE:

CREDIT CARD BILLING ADDRESS:

AGREEMENT

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

1. In the event I have provided my ACH checking account information, I hereby authorize Henry Schein and the bank or other financial institution named above, on a monthly basis, to debit the checking account I have provided above for the total outstanding amount of all designated purchases billed to the Henry Schein account number listed above.
2. In the event I have provided my credit card information, I hereby authorize Henry Schein and the issuer of the credit card referred to above, on a monthly basis, to debit the credit card I have provided above for the total outstanding amount of all designated purchases billed to the Henry Schein account number listed above.
3. In the event my checking account or credit card information changes or is no longer valid, I understand that a new form will need to be completed with the updated information in order to maintain my Autopay enrollment.

AUTHORIZED SIGNATURE

SIGN HERE

NAME (PRINTED):

TITLE:

DATE:

PLEASE FAX OR EMAIL COMPLETED FORM TO:

CREDIT SHARED SERVICES DEPARTMENT

autopayenrollment@henryschein.com -or- 631-391-6341 (FAX TO MAIL)

Need additional information? Please contact Customer Service at (800) 472-4346