

Open Account Information

Please fax or return this with your first case.

Doctor Information

Name _____
Address _____
City/State/Zip _____
Phone _____
Fax _____
E-mail _____

Type Of Business

Sole Proprietorship Corporation
 Partnership LLC
Social Security # _____

Doctor Information

Business References:

Name _____
Account # _____
Address _____
City/State/Zip _____
Phone _____ Fax _____

Name _____
Account # _____
Address _____
City/State/Zip _____
Phone _____ Fax _____

Corporate Officers/Partners

Name _____
Address _____
City/State/Zip _____
Phone _____

Credit Card Authorization

Please fax or return this with your first case.

Visa MasterCard

Card # _____ Exp _____

Name As It Appears On Credit Card

Statement Billing Address (if different than above)

By signing below, I authorize BECDEN to charge my credit card. Charges will be applied on the 10th of the month following the statement.

Account Authorization & Agreement

The undersigned agrees to the following: Terms are net 30-days from the statement date. A 2% per month finance charge will be charged on all past due accounts. Cases will be shipped C.O.D. prior to credit approval. In the event an account is not kept current, the undersigned agrees to pay all legal fees and court costs involved in collection activities, and agrees for the hearing to be held in the state of Utah.

Signed _____

Date _____

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BECDEN | a dti company

CALL 888 344 9991
VISIT becdendti.com