



NorthStar Orthodontics, Inc.
218 Industrial Park Road West
Park Rapids, MN 56470

www.northstardental.com
1-800-346-0011

CREDIT APPLICATION

RETURN WITHIN 10 DAYS

BILLING INFORMATION

Doctor Name _____
Address _____
City, State, Zip _____
Phone _____
License Number _____

Type of Business:
Corporation _____
Partnership _____
Sole Proprietorship _____
Federal ID# _____

BANK REFERENCE

Bank Name _____
Address _____
City, State, Zip _____
Phone _____
Contact Person _____

Type of Accounts (✓ which apply):
Savings _____
Checking _____

BUSINESS REFERENCES

Name _____
Address _____
City, State, Zip _____
Phone _____
Contact Person _____

Type of Products Ordered:
Equipment _____
Supplies _____
Services _____

Name _____
Address _____
City, State, Zip _____
Phone _____
Contact Person _____

Type of Products Ordered:
Equipment _____
Supplies _____
Services _____

Name _____
Address _____
City, State, Zip _____
Phone _____
Contact Person _____

Type of Products Ordered:
Equipment _____
Supplies _____
Services _____

I certify that all the above information is complete and correct. I fully agree to the following credit terms: Statements will be sent by the 5th of each month. Payment is due within 30 days of the billing date, and any amount not collected will be subject to a 1.5% monthly (18% annual) service charge. I authorize all references listed above to release credit information to NorthStar Orthodontics, Inc. upon request.

Signed _____ Date _____

