

DENTLIGHT INC

Account Application

Name of Firm or Individual _____

Address _____

City _____ State/Province _____ Zip/Post Code _____

Country _____

Phone _____

Fax _____

Email address _____

Web address _____

Type of Business Corporation _____ Partnership _____ Individual _____

Sales Territory _____

Marketing Channel _____ Number of sales reps _____

President or Owner

References: (Please furnish complete address, phone number and fax number or email)

Bank: _____

___ Phone _____ Fax _____

Trade: 1) _____

___ Phone _____ Fax/email _____

2) _____

___ Phone _____ Fax/email _____

3) _____

___ Phone _____ Fax/email _____

I authorize any company, creditor, bank or personal reference to provide information concerning my business dealings with them to DentLight or its authorized representative.

Date

Signature

Title