



2113 State Street • New Albany, IN 47150  
 812.945.7122 • 800.999.7122 • fax 812.949.3492  
[www.kelleydental.com](http://www.kelleydental.com)

**URGENT - COMPLETE IMMEDIATELY**  
**Fax to Kelley Dental Laboratory: 812.949.3492**  
**Kelley Dental Laboratory: Credit Agreement**

*The undersigned hereby applies for trade credit from Kelley Dental Laboratory, Inc.*

Office Location Information:		Billing Information:	
Practice Name:		Practice Name:	
Dentist Name:		Dentist Name:	
Contact:		Contact:	
Phone:		Phone:	
Fax:		Fax:	
Street:		Street:	
City:		City:	
State:	Zip:	State:	Zip:

**Terms and Conditions**

In consideration of Kelley Dental Laboratory, Inc. extending credit to Customer, Customer agrees to the following terms and conditions. These terms and conditions control over any conflicting provisions contained in any contracts, documents, purchase orders, confirmations or the like from the Customer. To ensure understanding and acceptance Kelley Dental Laboratory’s terms and conditions, we require all new accounts to complete and sign this form and forward it to our accounts receivable department. If we do not receive this response card, any new cases will be billed on a C.O.D. basis until the credit agreement is received.

- 1) **Payment:** Customer shall pay the fee and all other charges associated with the case by the 20th of the following month. A late payment and/or interest charge of 2% per month shall be added to all amounts not paid when due. Buyer shall pay all costs incurred by Kelley Dental Laboratory in collecting any amount due, including all reasonable attorneys’ fees and a \$30.00 handling charge for any returned checks. The undersigned agrees that this agreement is made in the State of Indiana and that Floyd County, Indiana is a proper venue for any action to collect money owed to Kelley Dental Laboratory, Inc. by the Customer.
- 2) **Nonconforming Goods:** Any claim that any goods provided by Kelley Dental Laboratory, Inc. to Customer do not conform to the description on the invoice will not be credited unless Customer gives written notice to Kelley Dental Laboratory within 30 days after the Customer’s receipt of the invoice. Kelley Dental Laboratory, Inc. will repair or remake work invoiced no more than 12 months ago to the Customer’s satisfaction and the charges will be agreed upon at the time of the repair/remake.
- 3) **Authorization to Obtain Credit Information:** Customer expressly authorizes Kelley Dental Laboratory, Inc. to seek and obtain credit information from all sources, including but not limited to, all credit bureaus and credit reporting agencies.

I have read Kelley Dental Laboratory’s Credit Agreement and accept the terms and conditions.

- I would like to pay by check.
- I would like to pay by credit card (please complete Pre-Authorization Form on back of credit agreement).

Guarantor (Customer) Signature

Date

Guarantor (Customer) Printed Name

*Please feel free to call us at 812-945-7122 or 800-999-7122 if we can assist.*