



FTI DENTAL LAB CREDIT APPLICATION FOR AN OPEN ACCOUNT

Personal Information (please print)

Your Name: Dr. _____

Business Name (if different from your name): _____

Business Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Extension: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Primary Dental Suppliers and Vendors (please print)

Name: _____ Phone: _____ Extension: _____

Name of Contact: _____ Title: _____

Name: _____ Phone: _____ Extension: _____

Name of Contact: _____ Title: _____

Bank(s) Holding Your Business Account(s) (please print)

Bank Name: _____ Phone: _____ Extension: _____

Bank Contact's Name: _____ Title: _____

Bank Name: _____ Phone: _____ Extension: _____

Bank Contact's Name: _____ Title: _____

Please list any judgements against you or your business, including prior bankruptcies: _____

Please Print Your Name: _____ Date: _____

Your Signature: _____ Date: _____

FTI Approval Signature: _____ Date: _____