# FTI DENTAL LAB
## The Precision Decision

## FTI DENTAL LAB PAYMENT TERMS

### Early Payment Policy

FTI Dental Lab gives a 2% discount on the full statement amount if payment is received by the tenth of the following month. Please do not deduct discount from your check; a credit memo is issued and applied to your account.

### Credit Card Policy

FTI Dental Lab accepts both MasterCard and Visa credit cards for payment of your monthly statement. Please fill out the application on the facing page, sign where designated and return. Your statement will be stamped: "THIS HAS BEEN PAID BY CREDIT CARD" and mailed to you.

### Advanced Payment Policy

FTI Dental Lab offers a 5% discount on payments in advance of $1000.00 to $1999.99 and a 6% discount on payments in advance of $2000.00 or more. When your account drops be-low $500.00, we will call to advise a check needs to be sent. Please do not deduct discounts from your check; a credit memo is issued and applied to your account at the time your check is received.

### Late Payment Policy

Accounts not paid by the last day of the month following the month the statement was is-sued will be assessed a minimum finance charge of $17.50, or 1.5% per month on the un-paid statement balance, whichever is greater. Example: a January statement should be paid in full and received by the last day of February. If payment is not received by then, a finance charge will be added to February's statement.

Please retain this page for your records.

522 North St. Francis • Wichita, Kansas 67214
316.681.3546 • 800.658.1607 • ftidentallab.com

Cut along fold and send in credit card application.

## FTI DENTAL LAB ACCEPTS VISA AND MASTERCARD

Please complete and return this page to FTI Dental Lab. Your monthly state-ments will be processed for payment on the date the statement is issued by the credit card you designated below.

Name (please print):_____

Address:_____

City:_____

State:_____ Zip Code:_____

Telephone Number:_____

### VISA

Cardholder Name:_____

Card Number:_____

Expiration Date:_____

### MASTERCARD

Cardholder Name:_____

Card Number:_____

Expiration Date:_____

Signature:_____

Date:_____