

**DENTAL EQUIPMENT SALES CO., INC.**  
**ReBuiltRite.com CREDIT APPLICATION / DEALER AGREEMENT**  
**St. Louis, Missouri 888-785-7779**

Company Name \_\_\_\_\_ Address \_\_\_\_\_

City, State, \_\_\_\_\_ Zip \_\_\_\_\_ Credit Line Requested \_\_\_\_\_

Accounts Payable \_\_\_\_\_ Year Firm Established \_\_\_\_\_  
 Address (If Different) \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Phone \_\_\_\_\_

A/P Representatives E-Mail Address \_\_\_\_\_ Fax \_\_\_\_\_

Marketing Contact \_\_\_\_\_ Number of Employees \_\_\_\_\_

Service Contact \_\_\_\_\_ Sales Volume \_\_\_\_\_

Sales Tax: Non-Exempt ( ) County \_\_\_\_\_ Exempt ( ) Sales Tax Exemption # \_\_\_\_\_

**COPY REQUIRED**

**PRINCIPAL OWNER, PARTNER OR OFFICER**

NAME OF OWNER(s)	STREET	CITY, STATE, ZIP	PHONE
NAME OF PARTNER(s)	STREET	CITY, STATE, ZIP	PHONE

**TRADE REFERENCES**

COMPANY NAME	STREET	CITY, STATE, ZIP	PHONE / FAX	E-MAIL

**BANK REFERENCES**

BANK'S NAME	STREET	CITY, STATE, ZIP	PHONE	A/C#

Upon approval of this application, it is agreed that all purchases will be paid in full and in accordance with the terms of sales as stated on invoice(s). Should I/We not pay DESC, Inc. according to terms, it is understood that credit privileges may be withdrawn. Should DESC, Inc. find it necessary to obtain assistance in collecting any past due balance, I/We agree to pay interest at the rate of 2 % per month. By signing below, I/We have read and agree to all policies published at [www.ReBuiltRite.com](http://www.ReBuiltRite.com).

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_