

KEY DENTAL



ACCOUNT FORM

Thank you for choosing Key Dental Aesthetics. We look forward to working with you and your team to provide excellence in dentistry. Complete your account information below. Fax the form to our accounting department at 704.489.9980 or scan and email to accounting@keydentalnc.com. Your account **WILL NOT BE ACTIVE** until this form is received. When we receive it, we will begin processing casework for your office immediately. If you have any questions you can contact our accounting department at 704.489.9978.

PARTNER/BILLING INFORMATION:

- I grant Key Dental Aesthetics permission to charge my statement balance to the provided credit card automatically on the 10th of the month.
- I plan to pay my statement with an alternative payment method each month. If my payment is not received by the statement due date (the 15th of each month), I grant Key Dental Aesthetics permission to charge my statement balance to the provided credit card.

- Master Card Visa American Express Discover

Name of Card Holder: _____ Accounts Payable (if different from card holder): _____

Card Number: _____ Expiration Date: _____ Security Code: _____

Billing Address (Include City, State & Zip): _____

Phone: _____

Office Name: _____

Doctor(s) Name: _____

License Number: _____ Email: _____

Office Address (Include City, State & Zip): _____

Accounting Contact Name: _____ Phone: _____

Signature: _____ Date: _____

By signing this form you are authorizing Key Dental Aesthetics to create an account with our company and save and process your payment information according to the terms of this letter. You accept personal responsibility for all charges incurred with Key Dental Aesthetics.

Payment Terms: If your statement isn't paid 15 days past the due date, you consent to processing the credit card on file. If at anytime your payment is not received or your credit card transaction cannot be processed your account will be placed on a temporary hold giving us authorization to obtain and report credit information on Partner. All past due balances of Partner shall incur and bear, and the Partner agrees to pay, a monthly late charge equal to two percent (2%) of any past due balance per month. All payments made by the Partner while a past due balance exists shall be applied first to late charges and second to past due balances before being applied to current balances, unless elected otherwise by Key Dental Aesthetics.

Delivery and shipping: Key Dental Aesthetics shall use its best reasonable efforts to prepare all products, work, services or shipments requested by Partner in a timely fashion. However, Key Dental Aesthetics does not represent or warrant that the same may be prepared by any particular date. The Partner may not claim any offset or reduction in price for any alleged late delivery, discrepancies, shortages, claims or incorrect shipments. Key Dental Aesthetics shall determine the method of shipping or transport. Partner shall be responsible for all shipping and transport costs, including, but not limited to, the payment and maintenance of any shipping or transport insurance. Partner shall bear all risk of loss or damage during shipping or transport.

Prescriptions: All cases/requests for products, work, services or shipments requested by Partner shall be made in writing pursuant to the prescription forms made available by Key Dental Aesthetics for such purposes. The Partner shall supply Key Dental Aesthetics in writing with all specifications and information reasonable required by Key Dental Aesthetics to prepare the prostheses requested by Partner. Key Dental Aesthetics reserves the right to request further specifications or information, however, Key Dental Aesthetics expressly disclaims any duty to do so and may rely entirely upon the original specifications and information provided by the Partner without any duty of investigation. The Partner shall be solely responsible for the accuracy of any such specifications or information. Further, the Partner shall be responsible to inspect the products, work, services, or shipments requested by Partner, including, without limitation, all prostheses for proper applications, fit, alignment and ultimate use.

Errors, Omissions or Mistakes: Any and all discrepancies, shortages, claims, or incorrect shipments must be reported immediately to Key Dental Aesthetics by the Partner, by telephone or in writing, and in no event later than ten (10) calendar days from the date of the invoice. Unless notification is made and delivered as set forth above, Partner shall be deemed to have inspected and accepted all products, work, services, or shipments of or by Key Dental Aesthetics. Key Dental Aesthetics shall reasonably cure any discrepancies, shortages, claims, or incorrect shipments for which it may be responsible only if notified as set forth above.

Marketing: By providing your email address, you opt into case updates, eblasts and all marketing provided by Key Dental Aesthetics.

