



New Customer Form

BILLING INFORMATION

Company/Office Name: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Doctor's Info: \_\_\_\_\_ Lic No.: \_\_\_\_\_ [ ] General [ ] Orthodontist [ ] Pedodontist
(First) (Last) (Required)

Billing Address: \_\_\_\_\_ Street \_\_\_\_\_ Unit/Suite \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Shipping Address: \_\_\_\_\_ Street \_\_\_\_\_ Unit/Suite \_\_\_\_\_
[ ] Same as Billing
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No.: ( ) - Fax: ( )

Office Hours: \_\_\_\_\_ Lunch Hours: \_\_\_\_\_
(Required)

Terms and Conditions: By utilizing Universal Orthodontic Lab, Inc. ("Company") for its services, including but not limited to the custom fabrication of orthodontic appliances ("Services"), I agree to be responsible for any and all outstanding payments arising from Services rendered to me by Company.

In the event that my account becomes delinquent for more than 30 days, I acknowledge and voluntarily consent to the Company taking remedial action, including but not limited to, (i) reporting me to collections agencies, (ii) reporting me to the state dental board, and/or (iii) taking legal action to recover Company's losses.

Payment/Terms: All accounts are set up on prepaid terms. Net 15 day term will be applied accordingly. Late fees (3%) and NSF Fees (\$25.00 per transaction) will be applied accordingly.

Late Fees: A three percent (3%) fee from the balance owed is applied for every late payment.

Rush Fee: Additional \$25.00 per arch.

Remake: Case(s) can be remade if the issue/concern is addressed within 90 days from the initial ship date. All remakes must be authorized by Universal Orthodontic Lab., Inc., by submitting an RMA Form. Remakes and/or requests after 90 days are not accepted.

Cancellation Policy: Case(s) cancelled or modified after 24hrs from receiving it will result in a 50% fee from the price of the appliance.

Pick Up Request: Customers can call to schedule a pick up as needed during business hours. Same-Day Pick Ups must be arranged before 10am. Universal Lab will provide pick-ups at no charge. Standard shipping fee(s) will be applied after the second attempt. Please call for rates and/or additional information.

By utilizing Universal Orthodontic Lab, Inc. ("Company") for its services, you understand and assume complete responsibility and risk for reading, understanding, and following all instructions, warnings, cautions, safety information, proper assembly (if applicable), service, and maintenance of all items.

Additionally, you freely agree that the use of the items is undertaken at your sole risk, and that Universal Orthodontic Lab, uniortholab.com, and its manufacturers, suppliers, and distributors shall not be liable for any claims for personal injuries, wrongful death, or damages in any way arising out of or connected to your use or any else's use of all offered products, or the negligence of Universal Orthodontic Lab, uniortholab.com, and its manufacturers, suppliers, and distributors. You freely agree to assume full responsibility for the risks involved.

Type of credit card (check if applicable): [ ] VISA [ ] mastercard

Credit card number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

I, \_\_\_\_\_, authorize Universal Orthodontic Lab, Inc. to charge my credit card above for agreed upon purchases.

I understand that my information will be saved to file or future transactions on my account.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Office Use Only

Account number: \_\_\_\_\_ Practice number: \_\_\_\_\_