



Worldwide Dental Division
 13322 Byrd Drive
 Odessa, FL 33556 USA
 Tel: (813) 926-7474 / (800) 328-2335
 Fax: (813) 926-7473 / (800) 573.9392
 Email: contact@hagerworldwide.com
 Web: www.hagerworldwide.com

CREDIT APPLICATION

COMPANY NAME

ADDRESS

CITY STATE ZIP
 () ()
 TELEPHONE FAX EMAIL

THE FOLLOWING INFORMATION MUST BE PROVIDED. IT WILL BE HELD IN THE STRICTEST CONFIDENCE.

CORPORATION CHECK HERE IF INCORPORATED PARTNERSHIP INDIVIDUAL
 IN THE PAST 12 MONTHS RESALE NUMBER

TYPE OF BUSINESS

1. NAMES(S) OF PRINCIPAL(S) STREET ADDRESS
 CITY STATE ZIP TELEPHONE
 ()

2. NAMES(S) OF PRINCIPAL(S) STREET ADDRESS
 CITY STATE ZIP TELEPHONE
 ()

BANK ACCOUNT NUMBER BANK CONTACT
 BANK ADDRESS BANK TELEPHONE EXT.

REFERENCES

1. COMPANY STREET ADDRESS
 CITY STATE ZIP TELEPHONE FAX
 () ()

2. COMPANY STREET ADDRESS
 CITY STATE ZIP TELEPHONE FAX
 () ()

3. COMPANY STREET ADDRESS
 CITY STATE ZIP TELEPHONE FAX
 () ()

4. COMPANY STREET ADDRESS
 CITY STATE ZIP TELEPHONE FAX
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HAVE YOU EVER DONE BUSINESS UNDER ANOTHER NAME? YES _____ NO _____

IF YES, NAME AND ADDRESS OF BUSINESS:

YEARS OF OPERATION: _____

CREDIT AGREEMENT

I/WE, THE APPLICANT(S), AGREE

- I. AND CERTIFY THAT ALL INFORMATION ON THESE FORMS IS CORRECT
2. TO AUTHORIZE RELEASE OF CREDIT INFORMATION TO HAGER WORLDWIDE
3. TO PAY EACH INVOICE WITHIN THIRTY (30) DAYS OF THE BILLING DATE.
4. TO PAY ALL ATTORNEY AND/OR COLLECTION FEES SHOULD COLLECTION BECOME NECESSARY

SIGNED BY (PRINT NAME)

TITLE

SIGNATURE

DATE

SIGNED BY (PRINT NAME)

TITLE

SIGNATURE

DATE