

# DOCTOR PROFILE ACCOUNT APPLICATION

Please fax or return this with your first case. Fax 818.885.7645

## DOCTOR'S INFORMATION

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/ State/Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Alternate Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

\_\_\_\_\_  
Office Days (M/TW/T/F)

\_\_\_\_\_  
Hours

\_\_\_\_\_  
Office Contact

\_\_\_\_\_  
Dual Offices: Yes/No

\_\_\_\_\_  
License#

\_\_\_\_\_  
State

## TYPE OF BUSINESS

(Circle one)

Sole Proprietorship   Partnership   Corp.   LLC

\_\_\_\_\_  
FEIN#

\_\_\_\_\_  
SSN#

## OWNERS/CORP./PARTNERS

\_\_\_\_\_  
Name #1

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name #2

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

## ASSOCIATES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## AUTOMATIC PAYMENT

(By entering this information, you are authorizing Excel Studios to charge your credit card for the prior month's balance on the 10th day of each month)

(Circle one)

VISA      MASTERCARD      AMERICAN EXPRESS

\_\_\_\_\_  
Card#

\_\_\_\_\_  
Exp. Date/ Security#

\_\_\_\_\_  
Name (As it appears on card)

\_\_\_\_\_  
Billing Address

## ACCOUNT AUTHORIZATION & AGREEMENT

Customer shall pay for the products ordered pursuant to the payment terms of net 30 days from the date of the invoice or as otherwise stated on each invoice. Customer agrees to pay the amount of any taxes resulting from purchases. If payment is not made to Excel Studios in the accordance with the payment terms set forth, Excel Studios may add a 1.5% finance charge per month for any unpaid balance and the Customer shall be liable to Excel Studios for all reasonable attorney fees and costs incurred by Excel Studios to effect collection of any invoice unpaid in whole or part. In addition, Excel Studios reserves the right to suspend all future shipments until all payments have been received.

*Applicant's signature attests financial responsibility, ability and willingness to pay invoices in accordance with the agreement terms and asserts authority to apply for this account.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



WEKNOWSMILES.COM/800.981.9008