

RED ROCK DENTAL STAFFING CREDIT APPLICATION AND TERMS

PAYROLL INVOICE IS DUE AND PAYABLE UPON RECEIPT. CLIENT MAY PAY BY COMPANY CHECK, MAJOR CREDIT CARD (AMERICAN EXPRESS, MASTER CARD, VISA OR DISCOVER), OR ELECTRONIC FUNDS TRANSFER.

COMPANY/CLIENT NAME: _____

ADDRESS: _____

CONTACT PERSON

NAME: _____ POSITION: _____

PHONE NUMBER: _____ FAX: _____

BUSINESS ENTITY:

____ COROPRATION ____ SOLE PROPRIETORSHIP ____ PARTNERSHIP ____ OTHER: _____

AUTHORIZATION:

I AUTHORIZE RED ROCK DENTAL STAFFING TO OBTAIN CREDIT INFORMATION FROM THE SOURCES BELOW:

SIGNATURE: _____ DATE _____

COMPANY BANK: _____

BANK ACCOUNT NUMBER: _____

CONTACT PERSON: _____ PHONE: _____

CREDIT TERMS:

1. PAYROLL INVOICES IS DUE AND PAYABLE UPON RECEIPT. CLIENT MAY PAY BY COMPANY CHECK, MAJOR CREDIT CARD (AMERICAN EXPRESS, MASTERCARD, VISA OR DISCOVER), OR ELECTRONIC FUNDS TRANSFER (EFT)/ELECTRONIC CHECK.

2. A MAJOR CREDIT CARD IS REQUIRED TO BOOK SERVICES. CLIENT CARD WILL NOT BE USED FOR PAYMENT UNLESS AUTHORIZED BELOW OR UNLESS PAYROLL PAYMENTS ARE NOT RECEIVED BY RED ROCK DENTAL STAFFING WITHIN 14 CALENDAR DAYS AFTER THE INVOICE DATE.

3. PLEASE INITIAL IN THE BOX IF YO UWOULD LIKE TO ENROLL IN OUR AUTO PAY PROGRAM (WEEKLY PAY BY CREDIT CARD).

**INITIAL BOX TO AUTOMATICALLY PAY YOUR
INVOICE(S) WITH THE CREDIT CARD BELOW**

CLIENT SIGNATURE _____

CREDIT CARD TYPE: _____ NUMBER: _____

EXPIRATION DATE: _____ NAME ON CARD: _____