

ESSENTIAL DENTAL SYSTEMS, INC.
89 LEUNING STREET
SOUTH HACKENSAK, NJ 07606
201.487.9090
FAX 201.487.5120
CONFIDENTIAL
DISTRIBUTOR APPLICATION

Business Contact Information

Legal name: _____

Other Name Used: _____

Phone: _____ Fax: _____ E-mail: _____

Company address: _____

City: _____ State: _____ ZIP Code: _____ Country: _____

Date business commenced: _____ DUNS Number: _____ Fed. Emp ID Number: _____

Sole proprietorship: _____ Partnership: _____ Corporation: _____ Other: _____

Name of Principal Officers, Partners, or Owners

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Person to Contact Regarding Financial Matters: _____

Please list any related companies in which the Principals have an interest (if none write "none" below).

Has EDS ever sold to you before or to any present or former affiliate? Yes No. If yes, under what name and when?

Name: _____ Date: _____

Are your Receivables and/or Inventory pledged to others? Yes No If Yes, please explain below.

Banking Information

Bank name: _____

Bank address: _____ Phone: _____

City: _____ State: _____ ZIP Code: _____

Account number Credit Line \$ Secured? Yes No Personal Guaranty? If Yes Please Explain

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Business/trade references

Company name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Contact Name: _____

Phone: _____ Fax: _____ E-mail: _____

Company name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Contact Name: _____

Phone: _____ Fax: _____ E-mail: _____

Company name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Contact Name: _____

Phone: _____ Fax: _____ E-mail: _____

Company name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Contact Name: _____

Phone: _____ Fax: _____ E-mail: _____

We estimate our Annual Purchases at \$ _____

Number of Sales Representatives currently employed by our company is: _____

We currently have the following number of active accounts that we sell to on a monthly basis: _____

Please attach your most recent Annual Reports for the past two fiscal years. _____

The information in this application and in all financial statements submitted in connection herewith is for the purpose of obtaining credit and is represented by the applicant to be true and complete. The applicant authorizes Essential Dental Systems, Inc. to investigate all credit references and any other matters pertaining to its financial responsibility. The undersigned authorizes its bank(s) and trade creditors to submit complete information for the purpose of credit evaluation.

Signature: _____ Signature: _____

Title: _____ Title: _____

Date: _____ Date: _____