

ESSENTIAL DENTAL SYSTEMS, INC.
89 LEUNING STREET
SOUTH HACKENSACK, NJ 07606
201.487.9090
FAX: 201.487.5120

CONFIDENTIAL

DEALER APPLICATION

This Dealer Application Is Being Submitted By:

A. Legal Name _____
Other Name Used _____
Address _____
City _____ State _____ ZIP _____ Country _____
Telephone _____ Fax _____ E-Mail _____
 Corporation S-Corporation LLC Partnership Sole Proprietorship
Duns Number _____

B. Names of Principal Officers, Partners, or Owners:

Name _____	Title _____
Name _____	Title _____
Name _____	Title _____
Name _____	Title _____
Name _____	Title _____

Person To Contact Regarding Financial Matters:

Name _____ Title _____

C. Please List Any Related Companies In Which The Principals Have An Interest (if none write "None" below).

Name and Address

Name and Address

D. Has EDS Ever Sold To You Before Or To Any Present Or Former Affiliate?

Yes No

If yes, under what name and when _____

E. Are Your Receivables And/Or Inventory Pledged To Others?

No Yes, please explain below:

F. Trade References: (provide all requested information so that we can process your application promptly)

Name _____ Phone _____ Fax _____
Address _____
Contact _____ Credit Limit _____

Name _____ Phone _____ Fax _____
Address _____
Contact _____ Credit Limit _____

Name _____ Phone _____ Fax _____
Address _____
Contact _____ Credit Limit _____

Name _____ Phone _____ Fax _____
Address _____
Contact _____ Credit Limit _____

G. Bank References:

Bank Name _____ Account Number _____
Address _____
Loan Officer _____ Phone Number _____
Secured Yes No Bank Credit Line _____
Personal Guaranty? No Yes, please explain below:

Bank Name _____ Account Number _____
Address _____
Loan Officer _____ Phone Number _____
Secured Yes No Bank Credit Line _____
Personal Guaranty? No Yes, please explain below:

H. We Estimate Our Annual Purchases At \$ _____

I. Number of sales representatives currently employed by our company is _____
Number of telemarketing sales personnel currently employed by our company is _____.

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

K. Financial Statements, Please Attach Your Complete 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.

Company _____

Date: _____

By: _____

Title: _____