

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

SAL/0100-2  
REV 1

Business Contact Information

Legal name: \_\_\_\_\_

Other Name Used: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

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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SAL/0100-2  
REV 0

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: \_\_\_\_\_