



## Online Form

Date: \_\_\_ / \_\_\_ / \_\_\_  
Day / Month / Year

Party Responsible for Payment

Email

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Mailing Address

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County

City

State

Zip Code

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Phone

Fax (optional)

Hygiene License Number

Issuing State

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Name of Hygiene School

Year Grad.

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### Credit Card Information to be charged per order, initial here \_\_\_\_\_.

Name on Credit Card

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Billing Address

City

State

Zip Code

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Phone

Type of Card:

Card #

Exp. Date

Security Code

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MC/Visa  Amex

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/

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Paypal

Month / Year

**Simply Hygiene and Atlanta Dental gladly accept Paypal for your convenience.**

*This application is submitted for the purpose of obtaining an account from Simply Hygiene (supply fulfillment through Atlanta Dental Supply Company). Regardless of whether the signature(s) on this application indicate(s) a representative capacity, the individual(s) signing this application agree(s) to be personally responsible for payment of the account. I authorize Simply Hygiene / ADS to verify the information on this application and to receive information about me, including requesting reports from consumer reporting agencies. I further authorize Simply Hygiene to contact these sources for information at any time. I represent that all purchases here under shall be for business or commercial purposes only. I understand that the payment terms are "due upon receipt" of goods. I further understand that Simply Hygiene / ADS may impose a service charge of up to 1-1/2% per month on amounts delinquent beyond the specified terms on the invoice(s). In the event of default, the undersigned agrees to pay all costs of collection including a reasonable attorney's fee and court costs.*

**I HAVE READ THIS AGREEMENT AND AGREE WITH ITS TERMS.**

Customer

Day / Month / Year

Sales Representative

Day / Month / Year

## Thank you for your order!

**Please Fax to: 678-584-4523 or email [setup@atlantadental.com](mailto:setup@atlantadental.com)  
Questions? Call 1-844.471.7814**