



New Account Information

Doctor's Name: _____

License #: _____ Exp: _____

Practice Name: _____ # of Office Locations: _____

Practice Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone #: _____ Office Fax #: _____

Office Contacts:

Lab Contact Name: _____ Phone #: _____

Email: _____

Scheduling Contact Name: _____ Phone #: _____

Email: _____

How will you be submitting cases? Digital Scanner(s): iTero Carestream 3M Trios Omnicam Other: _____

Stone/Impression

If you have shipping addresses different than the main address shown above, please note them here:

Shipping Address #1: _____

City: _____ State: _____ Zip Code: _____

Shipping Address #2: _____

City: _____ State: _____ Zip Code: _____

Are there any days that UPS cannot deliver? If so, what days can you NOT receive deliveries: _____

Will there be multiple doctors submitting RXs from this location and billing to this account? If so, please list here:

Doctor Name: _____ License #: _____

Doctor Name: _____ License #: _____

Doctor Name: _____ License #: _____

Key Contacts

Customer Care: 1-800-522-4636 or 678-513-4408, press 0

Accounts Receivable: Heather D. at Ext 225; or ar@specialtyappliances.com

Office Hours:	
M: _____ to _____	
T: _____ to _____	
W: _____ to _____	
Th: _____ to _____	
F: _____ to _____	

Please see next page to review our payment policy.

Send completed form to:

Email: newaccounts@specialtyappliances.com

Fax: **678-513-7345**

Payment Policy

We invoice each case as we ship it during the month. On the first of the following month statements are generated and mailed out; arriving in your office no later than the 6th or 7th. Our payment terms are **Net 10 Days** from the receipt of the statement, with the entire balance being due. **Please pay by statement.** All accounts not paid in full within 30 days of receipt of the month-end statement are considered Past Due. Any account that reaches 60 days Past Due is put on hold which prevents all cases from going to fabrication until the account balance is brought current. If an account reaches 90 days Past Due it is sent to collections with collection fees being added to the account balance.

We offer the following payment options for your convenience:

- **Automatic Credit Card Payment** processed on the 1st Business Day of Every Month
- **Credit Card Payment by Phone** we accept MasterCard, Visa, and American Express
- **Payment by Check** – If you choose to make payment by check please make the check payable to Specialty Appliances and mail it to our lockbox:

Specialty Appliances
P.O. Box 406824
Atlanta, GA 30384-6824

All other correspondence should be sent to our physical address: 4905 Hammond Industrial Drive, Ste J. Cumming, GA 30041.

Thank you for your attention regarding our policy. We look forward to your continued business. Please contact us if you have any questions.

Please sign below in acceptance of our payment policy:

Signature: _____ **Date:** _____

Billing Information:

A/P Contact Name: _____ Phone #: _____

A/P Email: _____ Statement by Email, Mail, or Both (please circle one)

Billing Address: _____

City: _____ State: _____ Zip Code: _____

***To Set Up Automatic Payment Please Fill Out Credit Card Information:**

Name on Card: _____

Credit Card #: _____ Exp. Date: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ **Date:** _____