

# SAVE TIME SAVE MONEY

Supply/Merchandise Account Number(s): \_\_\_\_\_

Installment Note(s): \_\_\_\_\_

You can have your supply/merchandise account payments automatically deducted monthly from your checking or savings account or we can charge the purchases to your credit card. It's fast, easy and best of all ... it saves you time and money:

- You will avoid late charges.
- You will also save on postage, costs of checks and the time it takes to manually write out your payment.
- Your payment is automatically deducted from your bank account or charged to your credit card on your due date.

## Select ACH or Credit Card and fill in the appropriate information:

**ACH**

I authorize Patterson Companies Inc. and Patterson Dental Supply Inc. (collectively the "Company") to automatically withdraw funds from my

Checking Account  Savings Account

to make payments on the Supply/Merchandise Account and Installment Note above.

Bank Name: \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Signature \_\_\_\_\_

Print Name and Date \_\_\_\_\_

Telephone \_\_\_\_\_

By signing above, I agree that the ACH debit shall be in the amounts now due and which come due in the future on the Installment Note and Supply/Merchandise Account. I agree that my future purchases on the Supply/Merchandise Account shall be my authorization to automatically withdraw additional funds as they become due under the Supply/Merchandise Account and you will provide me with reasonable notification. I agree that the subsequent transfer of previously denied payment amounts may be debited against my account at any time. **To discontinue the program, I will notify the Company in writing and the Company will process my request within 30 days of receipt.**

## PLEASE ATTACH VOIDED CHECK

### MAILING ADDRESS

Patterson Equipment Finance  
1031 Mendota Heights Road  
St. Paul, MN 55120

### FAX

651.688.3064

## Internal Use Only:

Supply/Merchandise Account:

Set Up: \_\_\_\_\_ Verified: \_\_\_\_\_ Date: \_\_\_\_\_

Installment Note:

Set Up: \_\_\_\_\_ Verified: \_\_\_\_\_ Date: \_\_\_\_\_

**Credit Card**

I authorize Patterson Companies Inc. or Patterson Dental Supply Inc. (collectively the "Company") to automatically charge to the credit card identified below, all sums due on my Installment Note, in accordance with its terms, and sums due on the Supply/Merchandise Account listed above, which sums are now owing or which come due in the future on the Supply/Merchandise Account. I understand the charges will be processed on the due date(s). I agree that no additional prior notification need be provided for sums due on future purchases and my future purchases made from Patterson Dental Supply Inc. shall be my authorization for the future additional charges to my credit card under the Supply/Merchandise Account. I agree that the re-submission of previously denied payment amounts may be charged at any time. I expressly authorize such charges to the credit account listed below and further authorize the credit card information to be stored by the Company until the balance due to the Company is paid in full and I notify the Company that I will no longer purchase supplies from the Company, at which time all information concerning this credit card account will be destroyed. I acknowledge that all purchases made from the Company are for business purposes only. I understand that the Company will use its best judgment in keeping my credit card information secure and I waive any claim and release the Company from liability for the manner in which the information is stored or if an unauthorized third party is able to obtain such information. The Company will not knowingly allow any unauthorized party to have access to such information. **To discontinue the program, I will notify the Company in writing and the Company will process my request within 30 days of receipt.**

Credit Card Issuer:

Visa  MasterCard  Discover  AmEx

Other \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Telephone \_\_\_\_\_



**PATTERSON**<sup>®</sup>  
DENTAL