

# PATTERSON FINANCE CREDIT APPLICATION

Equipment amount financed: \$ \_\_\_\_\_ Advantage Client

*For all amounts of \$10,000 or more, a \$100 filing fee will be added to the financed amount and charged to the client's Patterson account.*

Supplies up to 25% of total equipment \_\_\_\_\_

Level     3-month skip     6-month skip

**Level:** First payment due 30 days after contract date. **3-month skip:** First payment due 120 days after contract date.

**6-month skip:** First payment due 210 days after contract date. Max length of term is 60 months.

Term (months):  06     12     24     36     48     60     72     84

\*Customer Name: \_\_\_\_\_

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

\*Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Practice Phone Number: \_\_\_\_\_

Practice email: \_\_\_\_\_

Territory Representative: \_\_\_\_\_

Territory Representative Phone Number: \_\_\_\_\_

\*Date: \_\_\_\_\_

I am providing the above information for the purpose of applying for credit from Patterson Dental/Dentaire (PD) for business purposes. By signing this application or by providing personal information to PD: (1) I authorize PD to verify the information on this application and to receive information about me; (2) I consent to PD and any service provider acting on its behalf obtaining any information about me that is necessary for the purposes of evaluating this application, including credit information and other financially-related information, from credit reporting agencies or from any person or entity who has or may have financial dealings with me; (3) I consent to PD and any service provider acting on its behalf to disclose such information about me to credit reporting agencies or to any person or entity who has or may have financial dealings with me; and (4) if I am approved for credit from PD, I consent to PD and any service provider acting on its behalf obtaining information about me from credit reporting agencies from time to time for the purpose of assessing my ongoing creditworthiness. This consent is effective beginning from the date indicated [below] and if I am approved for credit, continues for the term of any agreement that I enter into with PD.

\*Customer Signature: \_\_\_\_\_

*\*Required*

EMAIL TO [PFSCANADA@PATTERSONDENTAL.CA](mailto:PFSCANADA@PATTERSONDENTAL.CA)



PATTERSON  
DENTAL/DENTAIRE

## Patterson Dental Canada – Credit Financing Application – Privacy Statement

Last Modified: April 21, 2022

**Collection, Use and Disclosure of Personal Information.** I acknowledge and agree that, upon receipt of a signed copy of the Application, Patterson Companies, Inc. or one of its subsidiaries (“Patterson”, “Patterson Dental”, “Patterson Dental Canada”, and “PD”) shall be entitled and authorized to establish a file on me containing personal information. I consent to the collection, use and disclosure of my personal information and agree that the object of the file will be to allow PD (1) to evaluate this Application and my ongoing creditworthiness and solvency; (2) to enter into a contract with me; (3) to manage and administer any such contract; (4) to respond to my inquiries regarding this Application and any resulting contract; (5) to record, manage, evaluate and collect, if applicable, any amount owing by me to PD; (6) to maintain and use the information as a credit history; and (7) to meet legal, regulatory and internal policy requirements. Personal identifiers, if provided, will be used for identification purposes and to match credit reporting agency information to help ensure the accuracy of the information obtained. I consent to the disclosure of my personal information by PD to its affiliates and assignees, and to certain third parties (and their assignees and agents) in order to fulfill the object of the file. I agree that my personal information may be transferred to a third party or parties to be used for the same purposes described herein if an agreement that I enter into PD is transferred or assigned to such third party or parties, or to an organization in connection with the due diligence for, and completion of, a business transaction, including, without limitation, a securitization or financing involving PD or its subsidiaries or affiliates. If I am approved and enter into an agreement with PD, I agree that PD may from time to time disclose details of my agreement, including payment history information, to credit reporting agencies, which may assist other lenders in assessing my creditworthiness.

**Access to Personal Information.** I understand that the personal information contained in my file shall be made available only to the employees, representatives, and agents of PD and its affiliates and assignees who require it in the course of the performance of their duties or mandates. I understand that PD may use service providers located outside of Canada, including in the United States and overseas, to store and process my application and my personal information. As such, foreign governments, courts and regulatory agencies in foreign jurisdictions may be able to obtain disclosure of my personal information in accordance with the laws of such jurisdictions. My completion of this Application will constitute my consent to the transfer of my personal information outside of Canada. I understand that I shall have the right: (1) to obtain access to the personal information in my file; and (2) to rectify any personal information in my file that is inaccurate, incomplete, ambiguous or out-of-date. I may contact PD for this purpose by email to [privacy@pattersoncompanies.com](mailto:privacy@pattersoncompanies.com) or by mail to Patterson Dental Supply, Inc., 1205 Henri-Bourassa Blvd. West, Montréal, Quebec H3M 3E6, Attention: Privacy Officer. At my request, PD will inform me of the name and address of the credit reporting agency or agencies consulted by it so that I may access (and if necessary, request rectification of) my information in the file of such credit bureau(s).