

HENRY SCHEIN PAY IN 4 AGREEMENT

The Company _____ (Account _____) agrees and understands the below Henry Schein Pay in 4 terms.

1. When my goods are ready to Ship from Henry Schein I will receive an email from "**GoCardless**" requesting setup of a Direct Debit from the Dental Practices business bank account.
2. The email address I would like Henry Schein to send this to is:

Email: _____

3. I will complete this setup within **3 days** of receiving the email.
4. I acknowledge that the Henry Schein Pay in 4 promotion is only for Direct Debits to my practices bank account and the promotion **does not apply** to Credit Card payments or manual account payments to Henry Schein

5. The Pay in 4 Payment Schedule will be:

- a. *First Payment - The First 20th of the Month after Shipment date*
- b. *Second Payment - The Second 20th of the Month after Shipment date*
- c. *Third Payment - The Third 20th of the Month after Shipment date*
- d. *Final Payment - The Fourth 20th of the Month after Shipment date*

6. The Direct Debit Payment amount will be:

- a. Sales Price Including GST divided by 4

Example: EQP Sale of \$20,000 = 4 Payments of \$5,000

7. If I do not setup the Direct Debit through GoCardless then normal account terms will apply to the sale.
8. I acknowledge that if the direct debit fails due to insufficient funds the Practice will be liable for the fees charged to Henry Schein by GoCardless and that GoCardless will retry the direct debit with 3-5 working days.

Signed By:

NAME: _____

DATE: _____

Office Use Only:

INVOICE NUMBER for PAY IN 4: _____