



## First Office Incentive Program Application

ACTF-017

Revision 3

Clearwater, FL

Boyd Industries is pleased to offer financial incentives programs for doctors who are building their first office after completing their residency program or separating from active-duty military service. This program is Boyd's way of saying "Congratulations" to help ease the financial burden as you embark on a successful dental career.

To qualify for this program, you must meet the following criteria –

- Have graduated from a specialty dental residency program within the past 60 months
- Have separated from active-duty service within the past 12 months
- The equipment purchased is for your first private practice office
- Take delivery of your equipment within 12 months of order placement
- Office located in the USA or Canada (Canadian customers not eligible for 10/12 payment plan)

If you meet the above criteria, then Boyd has two incentive options for you to choose from.

1. Additional 5% discount off Boyd's already discounted Doctor Direct price. This discount applies to equipment only and is not applicable on taxes, freight, installation or other applicable charges. It is not to be used in conjunction with any other promotions that Boyd runs from time to time. Payment terms will be 50% down payment at the time of purchase and Net 30 days upon receipt of final invoice.
2. 10/12 Payment Plan. This is a 12-month *no-interest* finance plan with a maximum credit limit of \$50,000. To select this option, Boyd requires a 10% down payment at the time of purchase for the Pre-Freight Amount of your order and a \$200 document preparation fee. Applicable taxes and freight charges are to be paid separately at the time of shipment of your equipment.

To take advantage of one of these incentives, please complete the Application Form below and return to Boyd Industries either by Fax at (727) 561-9393 or email to [accounting@boydind.com](mailto:accounting@boydind.com). We guarantee a 24-hour turnaround in response to your application.

We look forward to being your Dental Office Equipment provider throughout your successful career!

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

Practice Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Specialty Program Attended: ☐ Orthodontic ☐ OMS ☐ Pediatric ☐ Endodontic ☐ Other: \_\_\_\_\_

School/Branch of Service: \_\_\_\_\_ Graduation/Separation Date: \_\_\_\_\_

SSAN: \_\_\_\_\_ Dental License No. \_\_\_\_\_

Incentive Option Requested: \_\_\_\_\_

Amount to Finance: \_\_\_\_\_

Doctor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Boyd Industries Approval: ☐ Yes ☐ No If no, reason: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Boyd Industries, Inc. reserves the right to change, modify or discontinue the program at any time.

All applications are subject to credit verification and approval.