

Dental Laboratory – Dental Office Net 30 Payment Agreement

This Net 30 Payment Agreement ("Agreement") is entered into as of [Effective Date], by and between:

Dental Laboratory

Legal Name: Cowboy Dental Laboratory

Address: 13509 Lyndon B Johnson FWY Suite 200, Garland, TX 75041

Phone/Email: (214) 587-2113 / cowboydentallaboratory@gmail.com

Dental Office

Practice Name: _____

Address: _____

Phone / Email: _____

1. Purpose

This Agreement establishes payment terms for dental laboratory products and services provided by the Laboratory to the Dental Office.

2. Payment Terms (Net 30)

- All invoices issued by the Laboratory are due within thirty (30) calendar days from the invoice date.
- Payment shall be made via check, ACH, wire transfer, or other approved method.
- Invoices not paid within 30 days shall be considered past due.

3. Credit Approval & Limits

- Net 30 terms are subject to Laboratory approval.
- The Laboratory reserves the right to set or modify a credit limit at any time.
- The Laboratory may request financial or credit references prior to approval.

4. Late Fees

- Past-due balances shall be subject to a late fee of 2% per month (or the maximum rate allowed by Texas law), accruing monthly on unpaid balances.
- Late fees do not waive the Laboratory's right to pursue collection of unpaid balances.

5. Suspension of Services

The Laboratory reserves the right to suspend services or shipments if:

- The account becomes past due
- The credit limit is exceeded
- Payment history indicates elevated credit risk

6. Returned Payments

Any returned checks or failed payments may result in:

- A returned payment fee of \$50
- Requirement of prepayment for future orders

7. Disputed Charges

- The Dental Office must notify the Laboratory of any invoice disputes within ten (10) days of the invoice date.

- Undisputed portions of invoices remain payable under Net 30 terms.

8. Ownership of Work Product

All dental appliances, prosthetics, and materials remain the property of the Laboratory until full payment has been received.

9. Compliance

Both parties agree to comply with all applicable federal, state, and local laws, including dental board regulations and patient confidentiality requirements.

10. Term & Termination

- This Agreement remains in effect until terminated by either party with written notice.
- Termination does not relieve the Dental Office of outstanding payment obligations.

11. Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of Texas.

12. Personal Guaranty

In consideration of the extension of credit to the Dental Office, the undersigned individual(s) personally guarantee full and prompt payment of all amounts owed under this Agreement.

Guarantor Name: _____

Signature: _____

Date: _____

13. Entire Agreement

This Agreement constitutes the entire understanding between the parties and supersedes all prior agreements.

14. Signatures

Cowboy Dental Laboratory

Signature: _____ Cowboy dental laboratory _____

Date: ____ February 2026 ____

Dental Office

Signature: _____

Name & Title: _____

Date: _____