



## First Office Incentive Program

Boyd Industries is pleased to offer incentives for Doctors completing their residency program or separating from active duty military service and are building their first office. This program is our way of saying "Congratulations" and designed 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 36 months
- Have separated from active duty service within the past 12 months
- The equipment purchase 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 10% discount off of Boyd's already discounted *Doctor Direct* price. This discount applies to equipment only and not applicable on taxes, freight, install 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 elect 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 easy Application Form below and return to Boyd Industries by Fax at (727) 561-9393 or email to [accounting@boydind.com](mailto:accounting@boydind.com). We guarantee a 24 hour turn-around to respond to your application.

BOYD looks forward to being your Dental Office Equipment provider throughout your successful career!

### Application Form

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

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

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

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

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

Specialty Program Attended:    Orthodontic                      OMS                      Pediatric                      Other

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

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

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

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