



### Credit Card Authorization Form

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

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

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

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

Doctors authorized to send cases from this practice (If you add doctors to your practice in the future, you will need to fill out the 'Add Doctor Form')

\_\_\_\_\_  
\_\_\_\_\_

Primary Credit Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Name as it appears on the credit card: \_\_\_\_\_

Billing address: \_\_\_\_\_

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

Date of Auto Pay (Circle one): 5<sup>th</sup> 10<sup>th</sup> 15<sup>th</sup> or Call in Payment

Please note our credit card authorization forms are used *only* for past due balances and your information *will not* be used for current monthly invoices or without your knowledge. Monthly invoices can continue to be paid by mailing a check or by calling our offices with a credit card unless you are already on our "auto-debit" terms. Any invoice which is not paid when due will accrue interest of not more than 2.0%. This Agreement is between the cardholder (above) and DenTech International. The agreement shall become effective upon signature of cardholder and a duly authorized agent of DenTech International. I hereby certify the information provided on this agreement is true, correct and complete as of date indicated below and I agree to promptly notify DenTech International of any changes in the information provided. I hereby authorize DenTech International to charge my credit card indicated above on the day selected, on a case by case basis or to facilitate C.O.D. delivery with the amount of my invoices and or if the account goes 60 days past due. The Pre Authorization Agreement shall remain in effect until I notify DenTech International in writing of its cancellation. In the event the company is cooperation; I understand and agree that by signing below I personally Guarantee payment of any and all monies owed. In the event that it becomes necessary to file an action to recover any amounts due under this agreement; I understand and accept that the court shall award prevailing party in such actions all costs, including attorney fees. This agreement shall be governed by and consulted and enforced under the laws and judicial decisions of the State of California. Any and all actions to enforce this Agreement shall be commenced in the County of Orange. This agreement shall act as a revolving Agreement and shall apply to any and all future orders placed with DenTech International by applicant. This agreement shall be binding on and shall insure to the benefit of heirs, executors, administrators, successors, or assigns of respective parties.

Card Holders Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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