

312 Dental Implant Studio, LLC

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Dear Dr.

Thank you for your interest in 312 Dental Implant Studio. Please take a moment and register your office. Provide us with days and hours of your business operation, as well as, your email.

Also please take a moment and fill out the Credit Card Authorization Form.

*We require that you provide the address your credit card bill is mailed to and verification code on the back of your card.

**We will use this authorization to charge your credit card account only when your invoices are not paid in full after 30 days of the statement date.

If you have any questions please contact us at 312-838-2403

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date