

CREDIT CARD PAYMENT AUTHORIZATION FORM

Make payments using your Visa or Master Card. Just complete and sign this form to get started!

Credit Card Payments Will Make Your Life Easier :

- It's convenient (saving you time and postage)
- Don't have to worry about making manual payments

Please complete the information below :

I _____ authorize Bluetooth Dental Solution to charge my credit card indicated
(Full Name)

below payments towards my statement balance.

Billing Address : _____

Phone : _____ E-mail : _____

Credit Card Information

Cardholder Name : _____ Card Number : _____

Expiration Date : _____ CVV (3 digit number on back of card) : _____

By my signature below, I certify that I have signed capacity with this credit card company to authorize charges on this Credit Card on behalf of my company. If the charges are declined, I personally and individually guarantee the payment of the above charges. I acknowledge that future orders may be authorized to this card - subject to the same terms and conditions as this authorization, and a confirmation provided if I request it.

Date : _____ Signature : _____