



Credit Card Authorization Form

In order for us to accept and bill your credit card, please complete all fields, and sign and date this form. By signing this form you authorize Richmond Hill Dental Design Studio, P.C. to retain and process your credit card in compliance with the payment plan accepted by you. All information you present will remain strictly confidential. Richmond Hill Dental Design Studio, P.C. retains the right to send this account to a third-party collection agency if contract is breached.

Contact/Billing Information: (as shown on credit card)

Full Name: _____ Country: _____

Address: _____

City/Town: _____ State: _____ Zip/Postal: _____

Phone: _____ Email: _____

Credit Type: (circle): Visa MasterCard American Express Discover

Credit Card # _____ Exp. _____ Date: _____

Security code: Back (last 3 digits for Visa) or MC _____ Amex: Front 4 digits _____

-----**For Official Use Only**-----

Amount Total: \$ _____ (USD) Deposit amount: \$ _____ (USD)

Length of payment plan (Recurrent billing only) _____ Month(s)

Monthly charged amount (Recurrent billing only) \$ _____ (USD)

One Time Use: I hereby authorize Richmond Hill Dental Design Studio, P.C. to charge the indicated credit card the amount indicated above. This is a one-time charge authorization. I am NOT authorizing Richmond Hill Dental Design Studio, P.C. to setup my account within a recurring billing system. I understand that if I wish Richmond Hill Dental Design Studio, P.C. to charge any balances to my credit card in the future, I will need to submit another authorization form at that time or choose the selection below.

Recurring Billing: I hereby authorize Richmond Hill Dental Design Studio, P.C. to charge the indicated credit card for my monthly payment plan, as currently applies for the monthly payment plan I requested at the time of account signup. I agree that this is a periodic charge that will be made according to my billing cycle (monthly) and that to terminate the recurring billing process prior to the account balance being satisfied, I must submit a request for cancelation in writing. Once the account balance is satisfied, the recurrent billing will terminate.

Signature of Card Holder: _____ Date: _____