

## Credit Card Authorization Form

CARDHOLDER INFORMATION

NAME		
BILLING STREET ADDRESS		
ADDRESS (CONTINUED)		
CITY	STATE	POSTAL CODE
COUNTRY	EMAIL	
DIRECT PHONE NUMBER		

I hereby affirm that I am the owner of the below referenced credit card and that my name is listed on the front of the credit card.

I hereby authorize B&D Dental Technologies to charge my credit card (listed below) in the amount of \$\_\_\_\_\_ for payment of goods purchased.

**X** \_\_\_\_\_  
ACCOUNT HOLDER SIGNATURE

CREDIT CARD INFO

CREDIT CARD TYPE		
<input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card		
CREDIT CARD NUMBER		
EXPIRATION MONTH:	EXPIRATION YEAR	SECURITY CODE: A

**X** \_\_\_\_\_  
CARDHOLDER SIGNATURE

**X** \_\_\_\_\_  
DATE