



e*Smile Dental Laboratory

A PERFECT FIT THAT CREATES A PERFECT SMILE!
[STRAUMANN® ALLIANCE LAB] • [Aligntech iTero® Online Partner Lab]

4747 N FIRST ST. STE# 190. FRESNO, CA 93726
tel: (559) 228-8609 • fax: (858) 810-0322
info@esmiledentallab.com • www.esmiledentallab.com

CREDIT CARD AUTHORIZATION FORM

☐ ONE TIME PAYMENT ☐ RECURRING PAYMENT

| | |
|--|---|
| - CARDHOLDER'S NAME: | |
| - BILLING ADDRESS: | |
| - BILLING ZIP CODE () | |
| - CREDIT CARD TYPE: | <input type="checkbox"/> VISA <input type="checkbox"/> MASTER <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMEX |
| - CREDIT CARD NUMBER: | |
| - EXPIRATION DATE: | |
| - 3 OR 4 DIGIT SECURITY CODE: | |
| - AMOUNT TO CHARGE: | \$_____ OR <input type="checkbox"/> PER INVOICE (FOR RECURRING PAYMENT) |

****By signing this form, you give e*Smile Dental Laboratory permission and authorization for the following:**

- Permission for my credit card to be charged as stated above.

CARDHOLDER'S SIGNATURE: _____ DATE: _____

Please fill in all the information
and fax back to us at [858-810-0322] or email us at [info@esmiledentallab.com].

Thank you.