



e*Smile Dental Laboratory

A PERFECT FIT THAT CREATES A PERFECT SMILE!

[STRAUMANN® ALLIANCE LAB] • [Aligntech iTero® Online Partner Lab]

347 E BARSTOW AVE. STE# 108. FRESNO, CA 93710

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.