



Credit Card Authorization Form

Please complete all fields. You can replace your card information with a different card at any time. This authorization will remain in effect unless a new card is placed on file/auto-pay.

- Please enroll me in auto-pay and charge my monthly account balance to my credit card on the
 1st / 15th / last business day (choose one) of every month.

Please note: All payments are due by the last day of each month.

- I will pay by check, call in a credit card payment, or via the online portal before the last business day of each month. Please keep my card on file if my payment is not made by the last business day of each month; you are authorized to charge my outstanding balance.

Office Name: _____

Address: _____

Phone: _____

E-mail: _____

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card): _____
Card Number: _____ Security Code: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize Vitality Dental Arts to charge my credit card above for purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

Please e-mail this form back to ashley.s@vitalitydentalarts.com or mail to:
Vitality Dental Arts- Attn: Accounting- 505 Davis Rd. Elgin IL, 60123

Check or other method of payment will still be accepted prior to the statement due date, but please note that your credit card will be charged if payment is not received by the last day of each month. If at any time an automatic payment transaction cannot be completed or your credit card is declined, your account will be placed on a temporary hold and an interest of 2.5% of your outstanding balance will be accrued.