

THE MOBILE DENTIST

8730 Georgia Avenue Suite 600E, Silver Spring, MD 20910
Office (301)587-7406 Fax (301)495-2694
info@themobiledentist.com

Credit Card Authorization Form

All Information will remain confidential.

Cardholder Name (as shown on the card): _____

Billing Address: _____

City, State & ZIP: _____

Credit Card Information

Card Type: VISA MasterCard Discover

Card Number: _____

Expiration Date: _____ Security Code/CVC2/CVV2: _____

Amount to Charge: \$ _____

Authorization

I authorize **The Mobile Dentist** to charge my credit card provided herein for agreed amount listed above. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. I understand that my information will be saved to file for future transactions on my account.

Signature

Date