



## AUTOMATIC BILLING AUTHORIZATION FORM

### **Tired of Writing Checks, Paying for Postage or Calling in Your Payment?**

Mabel Dental Lab offers the convenience and option of automatic billing. No more check writing or running to the post office for stamps.

Simply complete the form below and we will automatically charge your credit card\* at the frequency of your choosing! (\*we never electronically store credit card info)

The total charges will appear on your monthly credit card statement and you will receive an itemized monthly statement and payment receipt from Mabel Dental Lab each month via e-mail if provided.

\*\*\*\*\*

Card type:     Visa     Master Card     Discover     American Express

Card Number: \_\_\_\_\_

Expiration Date (month/year): \_\_\_\_\_      Security Code 3 or 4 Digit: \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip Code: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_      Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### **I would like to be automatically billed approximately the:**

\_\_\_\_\_ Beginning of the Month\*    \_\_\_\_\_ End of the Month    \_\_\_\_\_ Per Each Case  
*\*standard unless noted; we normally run credit cards within the first 5 days of the month*

Return the completed form via fax: 1.234.678.5341, scan and email it to: support@mabeldental.com or simply include it with your next case or payment.

If you have any questions or concerns, please feel free to contact us.

Thank you again for being a **Smile Partner!**

Mabel Dental Lab