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NEW LABORATORY ACCOUNT

Thank you for your interest in opening a new account with Mabel Dental Lab, Your Smile Partner. In order to activate your account, we require that you provide a credit card authorization* to be kept on file with our company. We also offer the option of enrolling in our automatic payment program**. Once enrolled in this service, your monthly statement balance will automatically be charged to your credit card on file.

Please take a moment to fill in your contact information and complete the Credit Card Authorization form below.

Name:
(Please check one) Owner Manager
Company:
Shipping Address:
Phone Number:
Fax Number:
CREDIT CARD AUTHORIZATION
☐ Please enroll me in auto-pay and charge my monthly account balance to my credit card the beginning of every month*. *Credit cards are typically run within the first 5 days of each month.
☐ I would not like to enroll in auto-pay at this time. Please keep my credit card on file to be used for future payments. If my payment is not received by the 15 th of the month, you are authorized to charge my outstanding balance.
Card Type: (circle one)
Name of Cardholder: Card Number:
Expiration Date (month/year): Security Code (CVV#):
Billing Address:
E-mail Address (for receiving electronic statements/receipts):
Accounts Payable Contact (if different from name listed above):
Signature:

To activate your account, please fax this completed form to: 234-407-4007 or email: support@mabeldental.com

*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 isn't received by the **15th of each month.** This authority is to remain in full force and effect until Mabel Dental Lab has received written notification of its termination.

**If at any time an automatic payment transaction cannot be completed or your credit card is declined, your account will be placed on temporary hold.