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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 require 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.

Card Type: MasterCard Visa American Express Discover

Name of Cardholder: _____ Card Number: _____

Expiration Date (month/year): _____ Security Code (CVV#): _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

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

*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. Cases may be sent via COD.