



## 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\*!  
*(\*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.

\*\*\*\*\*

### **Please complete all of the information below, all \*fields are required.**

\*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: \_\_\_\_\_

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

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

### **We will automatically bill and process your credit card the beginning of every month.\***

*\*we typically run credit cards within the first 5 days of the month.*

Return the completed form via fax: 1.234.407.4007, 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