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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 15th of the month, you are authorized to charge my outstanding balance.

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: 1.234.407.4007 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.*

***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.*