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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 prior monthly statement balance will automatically be charged to your credit card on file. You will receive an electronic statement by email each month and may view your payment receipt by logging into your DDX account.

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: _____

City: _____ State: _____ Zip Code: _____

Phone 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 run within the first 5 business days of the month. (i.e.: January balance will be run within the first 5 business days of February.)

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: _____

Email Address (to receive electronic statements): _____

Receipts may be viewed by logging into your DDX Account.

Accounts Payable Contact (if different from name listed above): _____

Signature: _____

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

*** If at any time an automatic payment transaction cannot be completed or your credit card is declined, your account will be placed on a temporary hold. Cases will then be held until payment is made or may be sent via C.O.D. ***