



891 Graham Rd Ste C • Cuyahoga Falls, OH 44221

(877) 622.3533 • Fax (234) 407.4007

### NEW LABORATORY TO LABORATORY ACCOUNT

Thank you for your interest in opening a new laboratory account with Mabel Dental Lab, Your Smile Partner.

In order to activate your account, we require you to provide credit card authorization\* to be kept on file with our company. We also require enrolling in our Auto 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 you can 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

Dental Laboratory Name: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Lab Phone Number: \_\_\_\_\_ Lab Email Address: \_\_\_\_\_

### CREDIT CARD AUTHORIZATION – All Fields Required

Please enroll me in monthly AutoPay and charge my monthly account balance to my credit card every month\*.  
\*Credit cards are typically run in the first several business days of the month. (i.e.: January balance is processed in February.)

Please charge my credit card for each case/invoice before shipping the case to me instead of monthly AutoPay.

Card Type:  MasterCard  Visa  American Express  Discover

Cardholder Name (as it appears on the card): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_ Security Code (CVV/CID): \_\_\_\_\_

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): \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To activate your account, please email this completed form to: [support@mabeldental.com](mailto: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. no later than the 20<sup>th</sup> of each month.