

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 credit card authorization to be kept on file and to enroll in our AutoPay program*. Once enrolled, your 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 conveniently access and view your payment receipt by logging into your DDX account.

Please note for all accounts unless otherwise noted, **we will run your credit card one time upon completion of your first case (invoice) before it is shipped.** After your first case, we will then run your credit card monthly as noted in the AutoPay schedule (first few business days of the month).

Please take a moment to fill out your contact information and complete the Credit Card Authorization 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 run within the first few business days of the month. (i.e., January balance is processed in February.)

OR

☐ Please process payment for each case/invoice individually prior to shipping, instead of the monthly AutoPay option.

Credit Card Type: ☐ MasterCard ☐ Visa ☐ American Express ☐ Discover

Cardholder Name (exactly 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): _____

Invoices/Statements/Receipts can be viewed in DDX

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

Cardholder Signature: _____ **Date:** _____

To activate your account, please complete this form and return 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 C.O.D.