

Credit Card Authorization Form

* Required

SUNRISE DENTAL

1. Name on Credit Card *

2. Credit Card Number

3. Expiration Date and CVV Code

4. Amount

5. Date to be take out each month

Example: December 15, 2012

6. Number of payments

7. By signing below I authorize Sunrise dental of Wenatchee to charge the credit card listed above each month for dental treatment. I agree that I am authorized to use this card and it is not stolen. I also understand if this card comes back declined a phone call will be made and a new credit card number will need to be provided at time of phone call or treatment will cease until balance is paid.