



CREDIT CARD AUTHORIZATION FORM

Please complete this authorization and return. All information will remain confidential.

Cardholder Name: _____

Billing Address of Card: _____

Credit Card Type: _____ Visa _____ MasterCard _____ AMEX

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____

Email Receipt to: _____

Please inform us to any changes to your credit card information to avoid any delays.

Credit Card Payment:

This form must be submitted prior to beginning work. Your card will be charged at the time of the delivery of each case. An email will be sent to address on file notifying you of this payment.

Note: All on X Cases are billed and charged at the time of the delivery of the finished **temporary** 50% and the **start of the final restoration**, remaining 50%.

Cardholder – Print Name, Sign and Date Below

Signed: _____

Dated: _____

Name: _____



Return form by fax (732) 656-3395 or email addressed to Jennifer Acquaviva at acquadent@verizon.net.
Thank you for your business.