

GaVa Dental Laboratories

3980 Glenfeliz Blvd

Los Angeles, CA 90039

Credit Card Authorization Form

Thank you for opening a new account with GaVa Dental Laboratories. Please fill out the information below in order to create a new account. We also offer automatic monthly balance payments billed to your credit card on file.

- Please enroll me in auto-pay and charge my monthly account balance to my credit card on the _____ of every month. Please note: All payments are due by the 23rd of each month.
- I would not like to enroll in auto-pay at this time. Please keep my credit card on file to be used for future payments. If my payment is not received by the 23rd of each month, you are authorized to charge my balance.

All information will remain confidential.

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

Once signed fax the completed form to: 323.663.1010

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an