



SETTING THE STANDARD FOR EXCEPTIONAL OUTSOURCING

1-866-904-LAVA / WWW.CENTRALDENTALCREATIONS.COM

Please complete and fax or return with your first case

Open Account Information

Credit Card Authorization

Name of Laboratory : _____

Owner: _____ Contact _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Central Dental Creations, LLC, requires a credit card number be given prior to opening an account. This credit card number is the account that will be billed for any debts incurred at Central Dental Creations. We accept Mastercard and Visa. Your first case will be charged when it is delivered. Established accounts will be charged on the first of each month for the prior month billings, unless prior arrangements have been made. Please attach a copy of your credit card (front and back) for our records.

Mastercard _____ Visa _____

CC# : _____ Expiration Date: _____

CW2 code or 3 digit code from the back of your card: _____

Billing Zip Code: _____

Card Holder Name: _____

Authorized Signature: _____

I understand and certify the information provided above is correct as of the date indicated below. I further agree to promptly notify Central Dental Creations, LLC. Of any changes in the information provided. By giving this credit card number the owner accepts liability for all debt incurred. Card holder also agrees to allow Central Dental Creations to conduct a credit check

303 Pontotoc Street Auburndale, FL 33823
(863) 967-9742 (863) 967-2114 FAX www.centraldentalcreations.com