



SETTING THE STANDARD FOR EXCEPTIONAL OUTSOURCING

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Open Account Information Credit Card Authorization

Name of Facility: _____

Owner: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

SS# or TIN# _____

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. Accounts will be processed automatically on the 1st or 15th of each month for any outstanding invoices.

Mastercard _____ Visa _____ AMEX _____ Discover _____

CC# : _____ Expiration Date: _____

Security Code: _____ Billing Zip Code: _____

Card Holder Name: _____

Authorized Signature: _____

Please Process on _____ 1st _____ 15th of each month.

I understand and certify the information provided above is correct. 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, and any collection costs involved in collecting debt. Card holder also agrees to allow Central Dental Creations to conduct a credit check.