

## CREDIT CARD AUTHORIZATION FORM

DATE:

TO:

I hereby authorize *Marqué Dental Laboratory Inc.* my personal signature to be held on record for continued use of credit card authorization on my

Visa

MasterCard.

American Express

Should I wish to discontinue automatic authorization, I hereby agree to give such notice to *Marqué Dental Laboratory Inc.* IN WRITING.

Is this a Corporate Credit Card?      Yes    No

CREDIT CARD NUMBER: \_\_\_\_\_

CVV CODE (Last 3 digits from the back side of card): \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

ADDRESS AS IT APPEARS ON CREDIT CARD BILLING: \_\_\_\_\_

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SIGNATURE TO AUTHORIZE USE OF CREDIT CARD