



CREDIT CARD AUTHORIZATION FORM

NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	VISA	MC	AMEX	DISCOVER	OTHER
TYPE OF ACCOUNT	PERSONAL		BUSINESS		
COMPANY NAME					

ACCOUNT NUMBER					
EXPIRATION DATE					
BILLING ADDRESS					
CITY		STATE		ZIP CODE	
PHONE		EMAIL		FAX NUMBER	

AUTHORIZED USER OF CREDIT CARD	
NAME	
NAME 2	
COMPANY	
PHONE NUMBER	
EMAIL ADDRESS	
RELATION TO OWNER	
MONTHLY LIMIT AMOUNT	
TYPE OF CHARGES	Orders Processed by: www.allstardentalinc.com

AUTHORIZATION OF CARD USE
<p>I certify that I am the authorized holder and signer of the credit card referenced above.</p> <p>I certify that all information above is complete and accurate.</p> <p>I hereby authorize collection of payment for all orders placed on www.allstardentalinc.com as indicated above. Charges may not exceed the amount listed above in the "MONTHLY LIMIT AMOUNT" field. I understand this is only for merchandise, equipment, and parts ordered online at: www.allstardentalinc.com. If additional charges are going to be authorized a new form will have to be completed.</p>

THIS FORM WILL BE SAFELY FILED AND DESTROYED WHEN EXPIRED

CARDHOLDER NAME			
SIGNATURE		DATE	