

CONFIDENTIAL
VIP Express Checkout
Authorization

Patient Name _____
Cardholder Name _____
Card _____ Visa _____ MasterCard _____ Amex _____
Card Number: _____ Exp. Date _____
Name on Card: _____
Address: _____
City: _____ Zip Code: _____
Telephone: _____

The Dental Practice of:

ALMEIDA DENTAL
DR. DONALD & DR. ADAM ALMEIDA
8683 E. LINCOLN AVE #200
LONE TREE, CO 80124
303-858-9000

Is authorized to keep my signature on file and to issue a credit memo to my credit card account for any over payment for services. Credits in excess of \$300 will be pre-authorized by telephone.

_____ **Cardholder Initials**

Is authorized to keep my signature on file and to issue a charge memo to my credit card account for any outstanding balance for services. Charges in excess of \$300 will be pre-authorized by telephone.

_____ **Cardholder Initials**

Date _____

Authorized _____
Responsible Party

Date _____

Authorized _____
Dental Concierge