

- Quality Control Proof
- Outside First Proof
- Outside Second Proof
- In-House / To Sales Only

# SP126348

Kids & Family Dentistry

Kelley Delduca

Synthia Solivan

Start Date: -  
 Last User: Marla Gillaspie  
 Mon, Dec 22, 2008 - 3:53:09 PM

Ins. Date	Pub.	Sect.	Loc.
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# \*SP126348\*

Size:: 8.5" x 11"



**Kids & Family  
DENTISTRY**

## AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDIT CARD CHARGES

Patient's Name \_\_\_\_\_

Date(s) of Service \_\_\_\_\_

Total Amount Due \_\_\_\_\_ Number of Payments \_\_\_\_\_

Day of Month for Automatic Credit Card Charge \_\_\_\_\_ Beginning Date \_\_\_\_\_

\*If the debit is to fall on a day the office is closed (Saturday, Sunday, or holidays), the transaction will take place on the next business day.

I (we) hereby authorize Amir R. Fereydouni, DMD and Kids & Family Dentistry to initiate charges to my (our): (select one)

- Visa
- Master Card
- discover

Indicated below is the credit card that the payments should be charged to. I (we) acknowledge that the origination of transactions to my (our) credit card must comply with the provisions of U.S. law.

Name on Card \_\_\_\_\_

Credit Card Number (16 digits) \_\_\_\_\_

CVC Code (3 digits) \_\_\_\_\_ Zip Code \_\_\_\_\_ Expiration: \_\_\_\_\_

This authorization is to remain in full force and effect until Kids & Family Dentistry has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Kids & Family Dentistry a reasonable opportunity to act on it. I (we) understand that any past due accounts that are not reconciled with Kids & Family Dentistry in a timely manner may be turned over to a private collections company.

Name on Account \_\_\_\_\_ Driver's License or ID \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name on Account \_\_\_\_\_ Driver's License or ID \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Witness \_\_\_\_\_ Date \_\_\_\_\_

**Kids & Family Dentistry**  
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 303-495-2801.