



For your convenience, we are now offering to automatically charge your credit card each month to pay the balance of your monthly statement. You will continue to receive a detailed statement at the end of the month that includes all of your invoices and payments for you to review. If you would like to use this service, please provide the following information:

Oral Arts Account # _____ Dr.'s name _____

Card Type: (mark/check one) _____ Visa _____ MasterCard

Credit Card Number: _____ - _____ - _____ - _____

Expiration date: _____

Address Credit Card Statement is mailed to:

Address _____ City _____ State _____ Zip _____

Name of Cardholder: _____

Cardholder Signature: _____ Date: _____

Phone # _____ Fax # _____

Email address: _____

Credit Cards will be charged one time per month on either the 1st or the 15th of each month or the closest business day to these dates. Please mark/check the date below that you wish to have your card charged.

1st

15th

If you have any questions please call 1-800-354-2075 and ask for Kathy @ ext.7108. Thank you for doing business with Oral Arts.

*If your credit card information has any changes, including new expiration date, lost or stolen card, Please notify us immediately.

Phone: 256-533-6670
800-354-2075
Fax: 256-539-8805

PO Box 413
Huntsville, AL 35804

www.oralartsdental.com