Agreement to Pay Dental Charges

I, _____ (PRINT cardholder's name), agree to pay for all of the dental expenses for services provided by My East Cobb Dentist,PC for the below named patient.

_____ (PRINT Patient Name)

I give My East Cobb Dentist,PC permission to charge my credit card listed below for the dental expenses incurred by the above named patient on date of service _____.

As a courtesy to me, I have been given the option to pay the above amount in two payments. I have made the first payment today in the amount of $_____.
If full payment is not received by _____(date), I give My East Cobb Dentist,PC permission to debit my credit card in the amount of $_____.

In the case that there are any problems with my credit card payment, I agree to pay all collection costs and reasonable attorneys fees incurred in attempting to collect on this or any future outstanding account balances for the above named patient.

Name of the Bank that issued this credit card: _____
Bank Telephone Number: _____
Circle one: Visa MasterCard
Credit Card Number: _____
Credit Card Expiration Date: _____
Card Verification Code _____
Billing Address zipcode _____

I certify that this is my credit card and that I am legally authorized to give permission for its use. By signing this agreement and by photocopying my credit card, I hereby give my fully-informed consent to treat the above named patient and I agree to allow My East Cobb Dentist,PC to debit my credit card for charges incurred by this patient. I realize that once the services have started for the above named patient that I will not be entitled to any refunds and I agree not to dispute the resultant charges.

Cardholder Signature: _____ Date: _____
Cardholder Printed Name: _____

As the credit card holder, I also authorize My East Cobb Dentist,PC to charge this credit card for **future** dental services which are **verbally approved** by me for the above named patient

Authorization Valid Until: _____ / _____ Initials Here: _____

Completion of this authorization form helps My East Cobb Dentist, PC to protect you from credit card fraud. My East Cobb Dentist, PC My East Cobb Dentist, PC will keep all information entered on this form strictly confidential.