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ONE TIME CREDIT CARD AUTHORIZATION PAYMENT FORM

The following form allows DENTAL SEDATION SERVICES to perform a ONE-TIME charge to the account listed below to collect fees associated with services rendered. The form is used for a single transaction and does not allow for any further transactions or greater than the amount listed.

I, _____, authorize DENTAL SEDATION SERVICES to charge my credit card in the amount of _____ on or after _____.

This charge is to settle payment for services rendered.

BILLING ADDRESS:	
CITY, STATE:	
ZIP CODE:	
PHONE NUMBER:	
EMAIL:	

Account Type: MasterCard VISA AMEX

Cardholder Name:	
Account Number:	
Exp Date:	
CVV Code:	

Signature:	Date:
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