



**Fullerton Dental Assistant**  
**2720 N. Harbor Blvd #110**  
**Fullerton CA 92835**  
**714-882-5518**  
**www.dentalassistantfullerton.com**

**AUTHORIZATION AGREEMENT  
FOR PAYMENT BY CREDIT CARD**

I, \_\_\_\_\_ hereby authorize the office of Eric Meyer DDS, Inc. to charge my credit card. This authorization will remain in effect until I have rescinded it in writing and in such time as to afford you a reasonable opportunity to act on

Date: \_\_\_\_\_

Practice Name: **Fullerton Dental Assistant**

Office Number: **(714) 882-5518** Fax Number: **(714)879-0754**

(Check One): Visa    MasterCard    Discover    Care Credit

Student's Name: \_\_\_\_\_

Amount Charged: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

CVV# (3 digit code (back of card after last 4 digits of card #) \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

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**Signature:**\_\_\_\_\_