

Fullerton Dental Assistant School 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 This writing and in such time as	authorizat	ion will remain	in effect ur	ntil I have rescinded it in
Date:		-		
Practice Name: Fullerton 1	Dental Assi	istant School		
Office Number: (714) 882-	5518			
Fax Number: (714)879-075	54			
(Check One):				
o Visa	0	Discover		 Care Credit
 MasterCard 	0	American Exp	ress	
Student's Name:			_	
Amount Charged:				
Credit Card Number:	-			
Card Expiration Date:/_				
CVV# (3 digit code (back o	of card after	r last 4 digits of	card #)	
Cardholder's Name:				
Credit Card Billing Address				_
Signature:				