



Payment Options

(This Form Will Be Part of Your Permanent Account File)

Please select one of the following payment options for your Dental Ceramics, LTD account:

- ☐ Check with Case (estimated amount for case) Any balance due will be applied to your credit card on file.
- ☐ Automatic Credit Card Charge (charged when case leaves the lab)

A revolving account will be created after 90 days of business (15 days net).

Please provide your credit card information:

Card Type (Circle One):

Visa MasterCard American Express

Card Number _____

Expiration Date (MM/DD/YYYY) _____

CSC Code (MC & Visa is 3-digit code on back, AmEx is 4-digit code on front) _____

Name as it Appears on Card _____

Billing Address _____

Signature of Cardholder _____

Please return completed form with your first case or FAX to 317.876.1980

Thank You,

Joseph McCann, CDT
Dental Ceramics, LTD