



**Credit Card "Signature on File"  
AUTHORIZATION FORM**

**Liberty Dental**  
2210 Guilderland Ave  
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1-888-YOURLAB  
[Gary@Liberty-Dental.com](mailto:Gary@Liberty-Dental.com)

**Liberty Dental** is authorized to maintain credit card payment information in our confidential files. This form is being provided for you to supply **Liberty Dental** this information for an automatic recurring payment option. Your signature authorizes us to review this information and deduct fees from the credit card below.

Business or Personal Name \_\_\_\_\_

Owners / Officers Name \_\_\_\_\_

Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**We accept MasterCard, Visa, Discover and American Express**

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Cardholder Name (as imprinted on the credit card) _____
Cardholder Signature _____
Credit Card # _____ CVV Code _____
Expiration Date _____

<b>If anyone other than the cardholder is authorized to use this Credit Card, please have him or her print and sign his or her name:</b>
Printed Name _____
Signature _____
Date _____
Cardholder Authorizing Signature _____