

OVCIN Dental Laboratory

771 Buschmann Road, Ste. C
Paradise, CA 95969

(530)877-6769



PRE-AUTHORIZED PAYMENT FORM & AUTHORIZATION to keep credit card on file

I authorize OVCIN Dental Laboratory to charge my VISA / MASTER CARD / AMERICAN EXPRESS or DISCOVER CARD upon the completion of service(s) rendered by OVCIN Dental Laboratory. I understand that this form is valid until I cancel authorization through written and signed notice to OVCIN Dental Laboratory.

I authorize OVIN Dental Laboratory to keep my VISA / MASTER CARD / AMERICAN EXPRESS or DISCOVER CARD number, expiration date and security code on file. I understand that these numbers will only be used to pay in full the balance of my account, when service is rendered by OVCIN Dental Laboratory. I understand that this form is valid until I cancel authorization through written and signed notice to OVCIN Dental Laboratory.

For the Office of DR. _____

Credit Card #: _____

Exp. Date: _____ / _____ / _____

Name on card: _____ Security Code: _____

Billing Address: _____ Zip Code: _____

Signature: _____ Date: _____ / _____ / _____