



601 Executive Dr
Winter Park, FL 32789

407-629-6399
www.sakrdentalarts.com

Welcome to Sakr Dental Arts:

Thank you for choosing to work with Sakr Dental Arts! We stand behind our quality and services. We look forward to creating smiles with you that delight your patients!

In order to ensure timely payment, we request to keep a credit card on file to be charged on the 1st or the 15th automatically on the month following delivery. The statements go out on the 1st of the month, listing all invoices with the balance that the card will be charged. This is to avoid a 1.5% finance fee if payment is not received by the following statement period.

(“X” to reject this method of payment) Initial _____

This is an agreement between Sakr Dental Arts and the purchasing party through written RX and verbal communication with technicians for services rendered for monetary payment.

Initial _____

Please fill out and email to: marysagr11@gmail.com

Owner of practice’s signature: _____

Dr or Practice name: _____

*** Please call with CC # *** Mary: 407-687-6432 / 407-830-1954(H)

Billing address of CC: _____

Exp: _____ 3 digit: _____

Email address for receipt: _____

*** Sorry, We do not accept **American Express** ***