ALAI DENTAL LABORATORIES

Credit Card Pre-authorization Form
Rev. 3/18

In completing the Credit Card Pre-Authorization Form below and returning the signed document to activate my account with ALAI Dental Laboratories, LLC ("ALAI"), I grant permission for ALAI to bill my credit card automatically on the 5th of each month for the full balance on the account. A 4% administrative fee will be added to your account monthly and reflected on the next month's billing if your account is past due by 30 days or more. I understand that another form of payment must be submitted prior to the 5th to avoid an automatically processed credit charge. A $1 transaction will be executed for verification when the account is set up and will be automatically credited towards your first month's statement.

CARDHOLDER INFORMATION

Name:_____

Billing Address:_____

City:_____ State:_____ Postal Code:_____

Country:_____ County: _____ Email: _____

Phone: (_____) _____-_____(associated with account)

CREDIT CARD INFORMATION

Credit Card Type: □ MasterCard □ Visa □ American Express □ Discover Card

Number:_____-_____-_____-_____

Expiration: _____

Security Code: _____

Cardholder Signature: X_____ Date:____ /_____ /____

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