

Please print this form and submit to the address or fax printed on the bottom of the form.

# 3D Advantage, LLC. A Cone Beam Imaging Company

## Credit Card Authorization Request Form

Credit Card Type (circle one): Amex      Visa      MasterCard      Discover

Name as it appears on credit card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

### Billing Information

Billing address of card: \_\_\_\_\_

City: \_\_\_\_\_ State: CA Zip Code: \_\_\_\_\_

### Office Information

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Authorization of Card Use

I certify that I am the authorized holder and signer of the credit card referenced above.

I certify that all information above is complete and accurate.

I hereby authorize collection of payments for all patient charges for scans provided by 3D Advantage, LLC. referred by my office.

Card Holder Name (please print): \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail Completed Form To: 10315 Los Alamitos Ave. Los Alamitos, CA. 90720

Or fax to our secure fax line: 949-382-1442