



Credit Card Authorization Form

I, _____ give permission for The Bite Dental to charge my credit card without being present.

Patients Name: _____

Name on credit card: _____

Visa _____ MasterCard _____ Discover _____ American Express _____ Care credit _____

Credit card number: _____

Expiration Date on the card: _____

Amount of the charge: _____

One time charge Date: _____

Signature _____ Date: _____