

WE'RE LOOKING FORWARD TO YOU NEXT VISIT



CREDIT CARD  
AUTHORIZATION FORMS

I, \_\_\_\_\_ give permission for The Bite Dental the office  
of Dr. \_\_\_\_\_, to charge my credit card without being present.

Patients Name: \_\_\_\_\_

Name on the credit card: \_\_\_\_\_

Visa  MasterCard  Discover  American Express  Care Credit

Credit card number is: \_\_\_\_\_

Expiration Date on the card: \_\_\_\_\_

Amount of the charge: \_\_\_\_\_

One time charge

Reoccurring charge:

Date of reoccurring charge: \_\_\_\_\_ Effective date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_