



WESTDENT DENTAL LABORATORIES

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toll-free 1.877.947.7864

Westdent Dental Laboratories, Inc. requires dental lab customers to have a credit card on file at all times as a security. Please select your choice below. If you have been approved for terms, we do still require a credit card to be on file.

Auto Pay Option: I would like to automatically pay my invoices using the credit card information below and as my security card.

Security Card: This card is only to keep on file, we will be sending payment by check or moneyorder or paying with a different credit card.

One Time Payment: *Please pay the following specific invoices with the credit card listed below.* (For additional invoices, please list on reverse.)

Invoice # _____	Amount \$ _____
Invoice # _____	Amount \$ _____
Invoice # _____	Amount \$ _____
Invoice # _____	Amount \$ _____
Invoice # _____	Amount \$ _____
Invoice # _____	Amount \$ _____
Invoice # _____	Amount \$ _____
Invoice # _____	Amount \$ _____
Invoice # _____	Amount \$ _____
Invoice # _____	Amount \$ _____

▶ CUSTOMER INFORMATION (Please print)

Company Name: _____ Account #: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone #: (_____) _____

Contact Person: _____

Title: _____

Phone: (_____) _____ Fax: (_____) _____

▶ PAYMENT METHOD

Payment Amount \$ _____ Check (Please make check payable to Westdent Dental Laboratories.)



Visa



MasterCard



Discover



American Express

Card # _____ Expiration Date _____

Last 3 Digits on Reverse of Card _____ (AMEX n/a)

Cardholder Name _____
(Print name as it appears on card)

Authorized Signature _____

WE APPRECIATE YOUR BUSINESS!

PLEASE FAX completed form to: (661) 538-1006 or mail to above address. Thank you.