

Patient Name: _____

Cardholder Name: _____

Card: Visa American Express

Card Number: _____ Expiration Date _____

Name on Card: _____

Address: _____

City: _____ Zip Code: _____

Telephone# _____

The Dental Practice of:

Richard E. Williams, D.D.S.
14 Piedmont Center, Suite P80
Atlanta, GA 30305
404/237-3309

Is authorized to keep my signature on file and to issue a credit memo to my credit card account for any over payment for services. Credits in excess of excess of \$300.00 will be pre-authorized by telephone.

_____ Cardholder initials

Is authorized to keep my signature on file and to issue a charge memo to my Credit account for any outstanding balance for services. Charges in excess of \$300.00 will be pre-authorized by telephone.

_____ Cardholder initials

Date: _____ Authorized: _____

Date: _____ Authroized: _____