

Sexton Dental Clinic, Inc.

NEW STATE OF THE ART FACILITY

Beautiful Smiles at Affordable Prices

1.800.922.6303 www.sextondental.net 377 West Palmetto Street • Florence, SC 29501



Authorization For Payment

In order to complete your transaction, Sexton Dental Clinic requires that the applicable portion be completed and returned. This form must be notarized by a Notary Public. Also, a copy of the cardholders government issue identification (drivers license, etc) must be sent along with this form. This serves to prevent fraudulent use of your credit/debit card. Please return this form with the applicable portion completed via fax to 843-656-0110.

CARD PRESENTED BY THIRD PARTY

I _____, authorize Sexton Dental Clinic to take
Print Full Name
payment via my credit/debit card, which is being presented by a third party individual.

I authorize this payment to be made toward the expenses of _____
Patients Name

I understand that a representative from Sexton Dental Clinic will contact me to verify this
Authorization. I can be contacted for verification at _____.
Telephone Number

Card Holder Signature

Government Issue Identification Number

TELEPHONIC PAYMENT

I _____, authorize Sexton Dental Clinic to take
Print Full Name
payment over the telephone from a credit/debit card number, which I will provide.

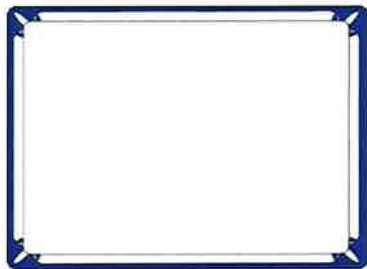
I authorize this payment to be made toward the expenses of _____
Patients Name

I understand that a representative from Sexton Dental Clinic will contact me to verify this
authorization, at which time I will provide my own credit/debit card information. I verify
that the card information will be that of a card issued to myself and I will not provide any
information for accounts belonging to another person. I can be contacted for verification at

Telephone Number

Card Holder Signature

Government Issue Identification Number

 NOTARIZE HERE	_____ Notary Signature
	_____ Date