



For your convenience, you may automatically charge your credit or debit card each month to pay the balance of your monthly statement. You will continue to receive a detailed statement at the end of the month which includes your invoices and payments. If you would like to use this service, please provide the following information:

Oral Arts Account # _____ Dr.'s name _____
Card Type: (mark/check one) Visa MasterCard
Credit Card Number: _____ - _____ - _____ - _____
Expiration date: _____

Address Credit Card Statement is mailed to:

Address City State Zip
Name of Cardholder: _____
Cardholder Signature: _____ Date: _____
Phone # _____ Fax # _____
Email address: _____

Credit Cards will be charged one time per month on either the 1st or the 15th of each month. Please check the date below that you wish to have your card charged.

_____ 1st

_____ 15th

Phone: 256-533-6670
800-354-2075
Fax: 256-539-8805
PO Box 413
Huntsville, AL 35804
www.oralartsdental.com

If you have any questions please call 1-800-354-2075 and speak with Kathy Henley at extension **7108**.

****If your credit card information has any changes, including new expiration date, lost or stolen card, Please notify us immediately.***