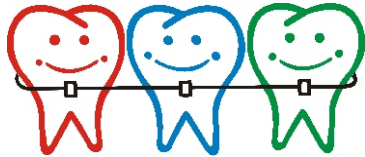


Joseph H. Thompson, DDS MS Inc

Specialist of Orthodontics

YourSmilingFaces.com
AskAnOrthodontist.com



828 9th Avenue
Huntington, WV 25701
(304) 697-4110

33 Erskine Lane, Suite A
Scott Depot, WV 25560
(304) 757-9265

Credit Card Authorization Form

Patient Name: _____

Cardholder Name: _____

Cardholder Billing Address: _____

Street: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Email Address: _____

I authorize Joseph H. Thompson DDS, MS Inc. to charge the credit card indicated below for the amount of \$ _____ (USD).

Type of credit card (Check one):     

Credit Card Number: _____

Expiration Date: _____ / _____

Security Code: _____

For Visa, Master Card, and Discover, the security code is a 3 digit non-embossed number located on the signature panel on the back of your card immediately following the card account number. For American Express, the security code is a 4 digit number located on the front of the card.

We must have your current billing address for verification by your credit card company. This is the address where we will send your monthly statements. If any of the information is incorrect, it will delay your payment. We will contact you via email if there are any problems.

Cardholder Signature

Date

