



ROQUE
ORTHODONTIC LABS

CREDIT CARD AUTHORIZATION FORM

print and complete this
authorization and return

Enroll in Automatic Payment (ACH)

☐ Yes

☐ No

Name on Card

Billing Address

Credit Card Type

☐ Visa

☐ MasterCard

☐ Discover

☐ AmEx

Credit Card Number

Expiration Date

Card Identification Number

last 3 digits located on the back of the credit card

I authorize Roque Orthodontic Laboratories Inc., to charge the credit card provided herein. I agree to pay the balance due, in accordance with the issuing bank cardholder agreement.

CARDHOLDER PLEASE SIGN AND DATE

Signature

Date

**all information will remain confidential*

Return the completed and signed form to the following:

**ROQUE ORTHODONTIC
LABORATORIES INC.**

27072 Burbank
Foothill Ranch, CA 92610

(800) 476 2962 (949) 581 9711
eFax (949) 606 9712

www.roqueortholab.com
info@roqueortholab.com