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CREDIT CARD AUTHORIZATION

I authorize Dr. Lawrence M. Bodenstein or his representative, to charge my:

Circle one: Visa MasterCard Discover American Express

Credit Card # _____

Expiration Date: _____ Security Code# _____

*Visa, M/C & Discover security code is 3 digit code on back of card
AMEX security code is 4 digit code on front right corner*

Amount to be charged to credit card \$ _____

Name on Credit Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

I authorize Dr. Bodenstein or his representative, to charge my Credit Card \$ _____ per
Month until my balance due of \$ _____ is paid in full.

(Initial here: _____)

Payment authorized by _____

Telephone Number: _____

Signature _____

Today's Date: ____ / ____ / ____