Paradise Dental

ISLAND SMILES DISCOUNT PLAN

Credit Card Authorization Form (Page 1 of 2)

You authorize regularly scheduled charges to your credit card. You will be charged with the amount indicated below to your Credit Card each billing period. A receipt for each payment will be provided to you and the charge will appear on your Credit Card statement as Island Smiles. You agree that no prior-notification will be provided unless the date or amount changes, in which you will receive notice from us at least 10 days prior to the payment being collected.

I, _____ (Cardholder), authorize Island Smiles (Merchant) to charge my credit card on the _____ day of each _____ (month/year) for the following payment of:

Annually:

☐ Individual $104.00 ☐ Couple / 2 Party Plan $130.00 ☐ Family $156.00

+$15 One time, enrollment fee.

BILLING INFORMATION

Billing Address: _____ City, State, ZIP: _____

Phone #: _____ Email: _____

(670) 234-4040
(670) 488-1044
paradisedentalsaipan@gmail.com
6647 Chalan Pale Arnold
PO Box 10001
PMB 213
Saipan MP, 96950
www.paradisedentalspa.com
Paradise Dental Spa
@paradisedentalspa

Paradise Dental

ISLAND SMILES DISCOUNT PLAN

Credit Card Authorization Form (Page 2 of 2)

CREDIT CARD INFORMATION

Card Type: ☐ Master Card ☐ Visa ☐ American Express ☐ Discover

☐ Other: _____

Cardholder Name: _____

Card Number: _____

Expiration Date: _____ (mm/yy) CVV: _____

I, _____ (the Cardholder), understand that this authorazation will remain in effect until I cancel it in writing, and I agree to notify the Merchant in writing of any changes in my account information or termination of this authorization at least fifteen (15) days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day.
I acknowledge that the origination of the Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Cardholder Signature: _____ Date: _____

Printed Name: _____

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