www.tbpdental.com Phone: +1 (302) 295-2193 Fax: +1 (212) 659-0134

Credit Card Authorization Form

I,	-	hereby authorize
First American Machines, LLC to ch	narge my credit card account in	the amount not to
exceed: US\$		
() VISA () MasterCard	I	
Credit Card Number:		
Expiration Date:/	Card Verification Code:	_
Credit Card Billing Address:		
Street:		
City:	State	
Zip Code:	Country (if not USA)	
Telephone:	_	
Cardholder's Signature		Date