



Island Dentistry

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I, \_\_\_\_\_, authorize Island Dentistry to charge my Credit Card in the amount of \_\_\_\_\_ towards my dental treatment.

Name of Credit Card Holder: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Credit Card Verification Code: \_\_\_\_\_

Credit Card Expiration: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_