

Classic Craft Dental Laboratory
2807 Roger Lacey Drive #B
Savannah, GA 31404
877-552-7238

Dear Doctor,

Thank you for your interest in opening a new account with Classic Craft Dental. **In order to activate your account, we require that you provide a credit card authorization to be kept on file with our company.** This card will be enrolled in our auto-pay program, which is a service that will automatically charge your statement balance to the card each month. You are welcome to pay via check or other method prior to the statement due date, but please note that your credit card will be charged if payment isn't received by the 23rd of each month. We hope you will appreciate the simplicity and convenience of this service.

Please be advised that if at any time an automatic payment transaction cannot be completed or if your credit card is declined, your account will be placed on a temporary hold.

Please take a moment to confirm your account details and complete the contact information. Once you have confirmed your account details and completed the Credit Card Authorization form, fax it back to our Accounting Department at 912-355-1007. We will then activate your account and begin processing casework for your office. Thank you for choosing Classic Craft Dental Laboratory.

Best Regards
John Beasley
President

In completing the credit card section of this letter as requested below and returning the signed document to activate my account with your laboratory, I grant permission for your company to bill my credit card automatically on the 23rd of each month. I understand that if payment is to be made via check I will notify the lab, but still grant permission for automatic payment if a check isn't received by the 23rd of the month.

Office Name: _____ Dentist Name: _____

Card Type (circle one) MasterCard / Visa / American Express / Discover

Name of Cardholder: _____ Card No: _____

Expiration Date (month/year) ____ / ____ 3(4) Digit Security Code #: _____

Billing Address: _____ City: _____ ST/Zip: _____

Email Address: _____ Accounts Payable Contact: _____

Signature: _____ Date: _____