142 SURREY ROAD, BLACKBURN, VIC 3130
PH (03) 9878 8208 FAX (03) 9877 0437
Email: info@voguedentalstudios.com.au
Website: www.voguedentalstudios.com.au
Facebook: www.facebook.com/voguedentalstudios
Instagram: @voguedentalstudios

Credit Card Authorization Form

Please fill out the form below and email to info@voguedentalstudios or fax it to (03) 98770437

Vogue Dental Studios will not keep your credit card on file unless otherwise noted by you. All out of town patients are required to print out and complete this authorization form to return to us immediately. All information and data will remain strictly confidential.

Cardholder Name:

_____

Billing Address:

_____

Credit Card Type:

VISA ❑ **MASTERCARD** ❑

Credit Card Number:

_____

Expiration Date: _____ **Card Verification Code:** _____

Amount to be charged: **$_____ AUD**

I authorize Dr Deepan Duraisamy to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder: _____

Print Name, Sign and Date below:

Printed Name: _____

Signed: _____

Dated: _____