



FIRST IMPRESSIONS  
DENTAL LAB INC.  
WHERE ARTISTRY MEETS DENTISTRY

**\*\*PLEASE NOTE: THIS IS A PAYMENT AUTHORIZATION\*\***

\*PLEASE FAX BACK TO: 847-524-8733\*

ACCOUNT #: \_\_\_\_\_

PRACTICE NAME/ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CREDIT CARD BILLING NAME/ADDRESS: \_\_\_\_\_  
(If different than above) \_\_\_\_\_  
\_\_\_\_\_

THIS IS AUTHORIZATION FOR FIRST IMPRESSIONS DENTAL LAB TO CHARGE YOUR LABORATORY  
ACCOUNT BALANCE ON YOUR CREDIT CARD.

PLEASE CIRCLE ONE:

**VISA**

**MASTERCARD**

**AMERICAN EXPRESS**

**DISCOVER**

CREDIT CARD #: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

CVV #: \_\_\_\_\_ (last 3 numbers on back of card)

CARD HOLDER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\*PLEASE NOTE: THIS IS A PAYMENT AUTHORIZATION\*\***

931 W. Wise Road, Schaumburg, Illinois 60193 Phone: (847) 524-8414 Fax: (847) 524-8733

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