

Credit Card Deposit Authorization Form

Education Station

Contact Name: _____ Contact phone number: _____

Rental date: _____ Return date: _____

Deposit:

- | | | |
|--------------------------|------------------------|---------|
| <input type="checkbox"/> | Tooth Fairy costume #1 | \$50.00 |
| <input type="checkbox"/> | Tooth Fairy costume #2 | \$50.00 |
| <input type="checkbox"/> | Tooth paste | \$30.00 |

Amount to be charged: _____

****All fairy costumes must be dry-cleaned before returning. The toothpaste must be spot-cleaned, only.**

Card # _____ Expiration _____ V-code _____

Billing Address _____

City-State-Zip _____

Print Cardholder Name _____ Cardholder Signature _____

I authorize Metro Denver Dental Society to charge the agreed amount listed above to my credit card provided herein, if I fail to return the costume(s) and/or not return in its original condition. I agree that this Authorization will be effective on the date signed below. I understand and consent to the use of my credit card without my signature on the charge slip, that a photocopy or fax of this agreement will serve as an original and this Credit Card Authorization cannot be revoked.

Mail or fax this agreement to:

Mountain West Dental Institute
Metro Denver Dental Society
925 Lincoln St., Unit B, Denver, CO 80203
Fax: (303) 488-0177
Contact: Jill Kingen (303)957-3274
E-mail: events@mddsdentist.com

