



**GOLDEN**  
DENTAL LAB

**Authorization Form**

- ✓ I authorize Golden Dental Laboratory to process payments based on my monthly statements current balance.
- ✓ Payments will be processed on the 25th day of each month.
- ✓ If the 25th falls on a weekend or holiday payments will be processed on the previous business day.
- ✓ A service fee of 3% will be added to the amount processed.
- ✓ This authorization will be valid until a written cancellation request is received

Credit Card Number:

---

Expiration Date:

---

Cardholder Name:

---

Accounts to be Processed

Practice Name:

---

Doctor Name:

---

Golden Account Number:

---

Practice Name:

---

Doctor Name:

---

Golden Account Number:

---

Date:

---

Signature:

---

Print:

---

Proudly Crafted In The Pacific Northwest  
**509-828-2770 / [frontdesk@golddentallab.com](mailto:frontdesk@golddentallab.com)**