



WESTDENT DENTAL LABORATORIES

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toll-free 1.877.947.7864

Westdent Dental Laboratories, Inc. now offers a convenient way for customers to eliminate the hassle of processing checks and paying postage fees when making payment on your account. To take advantage of our Auto Pay program, simply check one of the options listed below and supply your credit card information where indicated.

Auto Pay Option: I would like to automatically pay my invoices using the credit card information below. I understand that my credit card will automatically be charged the last business day of each month. I understand that I may cancel this Auto Pay Option at any time.

One Time Payment: *Please pay the following specific invoices with the credit card listed below.* (For additional invoices, please list on reverse.)

Invoice # _____	Amount \$ _____
Invoice # _____	Amount \$ _____
Invoice # _____	Amount \$ _____
Invoice # _____	Amount \$ _____
Invoice # _____	Amount \$ _____
Invoice # _____	Amount \$ _____
Invoice # _____	Amount \$ _____
Invoice # _____	Amount \$ _____
Invoice # _____	Amount \$ _____

▶ CUSTOMER INFORMATION (Please print)

Company Name: _____ Account #: _____
 Address: _____
 City: _____ St: _____ Zip: _____
 Phone #: (_____) _____
 Contact Person: _____
 Title: _____
 Phone: (_____) _____ Fax: (_____) _____

▶ PAYMENT METHOD

Payment Amount \$ _____ Check (Please make check payable to Westdent Dental Laboratories.)



Visa



MasterCard



Discover



American Express

Card # _____ Expiration Date _____

Last 3 Digits on Reverse of Card _____ (AMEX n/a)

Cardholder Name _____
(Print name as it appears on card)

Authorized Signature _____

WE APPRECIATE YOUR BUSINESS!

PLEASE FAX completed form to: (661) 538-1006 or mail to above address. Thank you.