



Crown Doctor Dental Lab

3300 Tray Lane • Baltimore, MD 21208
240.423.6765

Payment Authorization Form:

Your completion of this authorization form helps us protect your private information. This information will be kept confidential. The purpose of this form is to collect monthly or overdue dues related to Crown Doctor Dental Laboratory.

Name on Card _____

Billing Address _____

City _____

State _____

Zip Code _____

Card # _____

Exp Date _____

Signature _____

Date _____

Your signature on this form authorizes Crown Doctor Dental Laboratory to charge this credit card for any overdue fees. We will notify you through email or phone call before charging this credit card.

*If your bill is overdue by 90+ days we reserve the right to charge your credit card

****Please return this form with the first case you send us or email it to us at crowndoctor@gmail.com****