



Rashin T. Bidgoli, DMD, PC
Practice Limited to Endodontics

Credit Card Authorization Form

I, _____, authorize ***Rashin T. Bidgoli, DMD, PC*** to charge my credit card below for the agreed upon services rendered. I understand that my information will be saved to file for future transactions on my account if needed.

Credit Card Information:
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> CareCredit
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
Billing ZIP Code:
CVC (security code):

Patient/Guardian Signature

Date