



NEW LABORATORY ACCOUNT

Thank you for your interest in opening a new account with Glidewell Laboratories. In order to activate your account, we require that you provide a credit card authorization* to be kept on file with our company. The provided credit card will be enrolled in our automatic payment program**. Once enrolled in this service, your monthly statement balance will automatically be charged to your credit card on file.

Please take a moment to fill in your contact information and complete the Credit Card Authorization form below.

Name: _____

(Please check one) Owner Manager

Company: _____

Shipping Address: _____

Phone Number: _____

Fax Number: _____

CREDIT CARD AUTHORIZATION

In completing the credit card section of this form as requested below and returning the signed document to activate my account with your laboratory, I grant permission for your company to bill my credit card automatically on the 23rd of each month. I understand that another form of payment must be submitted prior to the 23rd in order to avoid an automatically processed credit charge.

Card Type: (circle one) MasterCard / Visa / American Express / Discover

Name of Cardholder: _____ Card No: _____

Expiration Date (month/year): _____ 3- or 4-Digit Security Code: _____

Billing Address: _____

Email Address (for receiving electronic statements): _____

Accounts Payable Contact (if different from name listed above): _____

Signature: _____

To activate your account, please fax this completed form to: 800-951-0213.

**Check or other method of payment will still be accepted prior to the statement due date, but please note that your credit card will be charged if payment isn't received by the 23rd of each month.*

***If at any time an automatic payment transaction cannot be completed or your credit card is declined, your account will be placed on temporary hold.*