



# Credit Card Authorization Form

Please complete all fields. You may cancel this authorization form at any time by contacting us. This authorization will remain in effect until canceled.

Card Type: <input type="checkbox"/> MasterCard, <input type="checkbox"/> Visa, <input type="checkbox"/> Discover, <input type="checkbox"/> AMEX
Cardholder Name (as show on the card): _____
Card Number: _____
Expiration Date: _____ Security Code: _____
Billing Address of card: _____
City, State, Zip: _____

I, \_\_\_\_\_, authorize Jason Strem (Strem Network Consulting, DBA Integrated Dental Systems) to charge my credit card above for agreed upon services. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Name

\_\_\_\_\_  
Date

Please fax completed form to: 888.504.3334 or email to: [jason@strem.net](mailto:jason@strem.net)