



Credit Card Authorization Form

(After completing this form, mail, email or fax form to Lancer at the below address)

Customer Name: _____

Customer Account #: _____

Invoice Number: _____

Cardholder Name: _____

Cardholder Billing Address:

Street: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Email Address: _____

I authorize Lancer Orthodontics, Inc. to charge the credit card indicated below for the amount of \$ _____ (USD).

Type of credit card (check one):   

Credit Card Number: _____

Expiration Date: _____ / _____

Security Code: _____

For Visa and MasterCard, the security code is a 3 digit non-embossed number located on the signature panel on the back of your card immediately following the card account number. For American Express, the security code is a 4 digit number located on the front of the card.

We MUST have your current BILL TO address for verification by your credit card company. This is the address where they send your monthly statements. If any of the information is incorrect, it will delay your order and additional processing charges may apply. We will contact you via email if there are any problems.

Vista, MasterCard, and American Express require Billing Address Verification and only allow us to ship to a verified alternate address.

If you wish to have your orders shipped to an address other than your Billing Address, the shipping address must be added to your credit card account so it can be verified.

1. Please contact your credit card issuer at their customer service department. Their contact information is located on the back of your card and/or on your monthly statement.
2. Inform the credit card issuer that you would like to add an authorized alternate shipping address to your account. The information will remain on file for future orders.

***Many credit cards only allow shipping to the verified billing address. If your card issuer does not accept alternate addresses, we can only ship to the verified billing address. P.O. Box addresses will not be accepted as a billing or shipping address.

Cardholder Signature

Date

Mail or Fax the Completed Form to:

Lancer Orthodontics • Vista Technology Center • 1493 Poinsettia Ave., # 143 • Vista, CA 92081 USA

Tel: +1 (760) 304-2706 • Fax: +1 (877) 909-8035 • AR@Lancerortho.com