

**JOEL E. JOHNSON, D.M.D., PA**

9 Office Park Court  
Columbia, South Carolina 29223  
803.788.2555

**CREDIT CARD "Signature on File" AUTHORIZATION FORM**

Joel E. Johnson, DMD, PA, located at 9 Office Park Court, Columbia, SC 29223 is hereby authorized to maintain credit card payment information in their secure and confidential files. This form is being provided for you to supply Joel E. Johnson, DMD, PA with this information for an automatic payment option. Your signature authorizes us to review this information and deduct our fees for professional services rendered from the credit card(s) listed below.

Please Print:

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone, E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

\*\*\*\*\* We Accept MasterCard, VISA or American Express \*\*\*\*\*

Primary Credit Card:

Cardholder Name (as imprinted on the credit card): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date – Security Code: \_\_\_\_\_ - \_\_\_\_\_

Type of Card: \_\_\_\_\_ MasterCard \_\_\_\_\_ VISA \_\_\_\_\_ AMX

Secondary Credit Card:

Cardholder Name (as imprinted on the credit card): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date – Security Code \_\_\_\_\_ - \_\_\_\_\_

Type of Card: \_\_\_\_\_ MasterCard \_\_\_\_\_ VISA \_\_\_\_\_ AMX

By signing this form, I give permission to Joel E. Johnson, DMD, PA of 9 Office Park Court, Columbia, South Carolina 29223 to charge my above credit card(s) for fees related to their professional services. If I am using my company's credit card, I am signing as an authorized user. My signature below confirms my knowledge and acceptance of fees, terms, and policies of Joel E. Johnson, DMD, PA of at 9 Office Park Court, Columbia, SC 29223. I understand and agree to accept responsibility for payment of any and all professional services rendered should my credit card(s) deny all or part of this charge as it will then become solely my responsibility. I also understand that this authorization will remain in effect unless I cancel this authorization in writing.

➡ Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_