

PS

Preston Sherry Dental Associates

6134 Sherry Lane
Dallas, TX 75225
214-691-7371

Credit Card Authorization Form

I authorize Preston Sherry Dental Associates to charge my credit card for any unpaid balance after insurance payments have been received.

Patient Name _____

Payment Information

Circle One: MasterCard Visa Discover American Express

Is this a Flexible Spending Account (FSA)? Yes No

Cardholder Name _____

Account Number _____

Expiration Date _____

Cardholder Signature _____