



Credit Card Authorization Form

Dear Valued Customer:

Thank you for considering Benco's Credit Card Payment Program. We have three different ways you can participate:

1. Automatic Daily Payment – Benco will charge your daily account balance to your credit card. If for some reason your charge is not authorized by your bank, we will notify you. Please complete Section 1 below to activate this option.

2. Discretionary Charges – Benco will charge a specified amount to your credit card when you choose. Just call Benco's Customer Service Department and provide your credit card information, the amount you wish to charge and verbal authorization. For your protection, Benco will not maintain credit card numbers on open file. Please complete Section 2 below to activate this option.

3. Individual Invoice – You may pay with your credit card when you place an order. Just provide your credit card information to the Benco person who takes your order – no form is required for this transaction.

Simply complete this form below for the option you choose and email ccsetup@benco.com. A customer service representative will contact you to complete the program registration. Please contact your Friendly Benco Rep if you have any questions. *Thank you for choosing Benco!*

Please complete information below

Name of Benco Account:

Benco Account Number:

Please complete one of the two sections below:

1. Automatic Daily Payment

I understand that Benco Dental will automatically charge my credit card for my daily purchases until such time as I notify them to cease this procedure. Such charge will occur whenever a balance appears on my Benco account at the end of any business day. I agree that I will be responsible for making payment if for some reason my credit card is declined by the bank. This procedure will begin immediately upon Benco's receipt of this form, unless otherwise specified. (Enter alternative start date:)

Check one:



Last four digits of Credit card Number:

DO NOT WRITE FULL CREDIT CARD NUMBER

Name as it appears on card (please print):

Cardholder's Signature:

Today's Date:

2. Discretionary Charges

I hereby authorize Benco to charge my credit card from time to time, upon my verbal instruction or that of one of my staff, for any amount that I may specify. I understand that credit card information (card number and expiration date) must be provided with each verbal instruction as Benco will not maintain this information on open file.

DO NOT FURNISH CARD INFORMATION WITH THIS OPTION

Name as it appears on card (please print):

Cardholder's Signature:

Today's Date:

