



Wall Street Dental

Confidential Authorization

Our staff at Wall Street Dental and Dr. Yeary would like to make your visit with us as comfortable and pleasant as possible. If you would like to provide us with your credit card information, we will be happy to keep that on file and process payment for your visit quickly to get you out of our office and on your way. If you would like to choose this method of payment, simply fill out this VIP Express Checkout. Thank you!

VIP Express Checkout

Patient Account Name: _____

Patients authorized to use this card for dental payment:

Card: Visa ____ MasterCard ____ Discover ____ American Express ____ Care Credit ____

Card # _____ Expiration Date: _____

Name on card: _____

Telephone: Home# _____ Work# _____ Cell# _____

Wall Street Dental and the practice of James Yeary, D.D.S. is authorized to keep my signature on file and to issue charge memo to my credit card account for any outstanding balance for services. Charges in excess of \$250 will be Pre-Authorized by phone. Credit memos for any over payment may be issued to my credit card account if necessary.

Date: _____ Cardholder's signature: _____