



**Get started with Easy Pay Service! Please complete and fax to  
630-323-2163 or mail to the address below.**

Credit Card Type: **Visa** or **MasterCard**

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

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ V-Code: \_\_\_\_\_  
(The last three digits on the back of the card)

Name on Card: \_\_\_\_\_

Billing Address for Card: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Preferred billing date: \_\_\_\_\_

I authorize Sequoia Dental Studio to process payment to the credit card listed above between the 5 and 10th of each month, for my statement balance and I may cancel the automatic monthly billing at any time. I understand the use of my credit card will not be charged for any other purpose.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Credit card holder)

414 Plaza Drive, Unit 207 Westmont, IL 60559

Email: [info@labsequoia.com](mailto:info@labsequoia.com)

Visit us at [www.labsequoia.com](http://www.labsequoia.com)