

COMPANY NAME KAREN GUINN, DDS, INC./THE SMILE AGENCY	ADDRESS 1175 E. GREEN ST. PASADENA, CA 91106
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"LASERING WITH THE END IN MIND" CREDIT CARD AUTHORIZATION AGREEMENT

NAME (S) (PLEASE PRINT CLEARLY AS IT APPEARS ON CREDIT CARD)	DRIVER'S LICENSE #:
Please charge my card for the following course:	<input type="checkbox"/> Thursday Laser - \$699 -- Sept 19, 2024 <input type="checkbox"/> Friday TADS Part 1 - \$899 – Sept 20, 2024 <input type="checkbox"/> Saturday TADS Part 2 - \$899 - Sept 21, 2024 <input type="checkbox"/> Bundle TADs Days Two and Three \$1499 – Sept 20-21, 2024 <input type="checkbox"/> <input type="checkbox"/> COMBO ALL THREE DAYS -- \$1999 September 19 - 21, 2024 <input type="checkbox"/>

I (we) hereby authorize **Karen Guinn, DDS, Inc.** hereinafter called Company, to initiate debit entries to my (our) account indicated below and the Financial Institution named below, to debit the same to such account.

CREDIT CARD TYPE (Select one): • VISA • MASTERCARD • DISCOVER • AMEX

CREDIT/DEBIT CARD # _____ EXP. DATE: _____ Sec. Code _____

This authority is to remain in effect until the Company has received written notification from me (or either of us) of its termination in such time and such manner as to afford Company and Financial Institution a reasonable opportunity to act on it. In the event an automatic payment is rejected due to non-sufficient funds, I understand that I will be assessed an NSF fee to be determined by the Company based upon the Company's current policy and in accordance with California state laws. If the payment was declined for any reason, we are granted authorization to attempt to debit the account on a daily basis until the payment is approved and/or cleared. This form shall serve as authorization for ALL debits regardless of the information provided on this form. If you have questions regarding this form, please inquire with staff for details.

Signature

Date

Karen Guinn, DDS, Inc. /The Smile Agency Representative

Date