



Never Lose Another Dental Appliance!  
**Slip-it, Zip-it, Clip-it!**  
 The safe, clip-on dental appliance storage device

## CREDIT CARD BILLING AUTHORIZATION FORM

Credit Card Billing Information:		
(Your Company Name) Name:		
Person Authorizing:		
Credit Card Type:	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER / ATM
Issuing Bank:		
Credit card Number:	_____ -- _____ -- _____	
Enter CVC Number:	_____ (typically 3 or 4 numbers)	
Expiration Date:	____ / ____ / 201__	
Billing Address:		
City:		
State/Province:		
Zip/Postal Code:		
Country:		
Phone number:	( _____ ) - _____ - _____	
Fax number:	( _____ ) - _____ - _____	
<b>Please select one of the following payment methods:</b>		
	Bill my credit card once for the following amount	\$ _____
Once	Please supply this payment to the following (Insert Order/Invoice Number)	# _____
Monthly	Bill my credit card once per month for the amount of service provided each month for all contracts with Les Idées, LLC.	<input type="checkbox"/> Please Check
<b>Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at Les Idées, LLC's discretion if any charges are declined or charge backs claimed against any outstanding invoiced amount. Disputes to amounts invoiced should immediately be reported to customerservice@RetainIt.com. Changes in the status of this card can also be reported to customerservice@RetainIt.com</b>		

The undersigned is the duly authorized representative of the above company or individual and agrees to pay for this purchase in accordance with the issuing bank cardholder agreement.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

1835A S. Centre City Parkway, Suite 139, Escondido, CA 92025  
 FAX Completed Form To: 760.466.7588