

If you prefer not to use PayPal, print this form, fill it out, and fax to Professional Dental Mgmt. at (301)874-5240. Your order will then be processed.

Credit or Debit Card Information

First Name (as it appears on card) _____

Last Name _____

Payment Type

- MasterCard**
- Visa**
- American Express**
- Discover**

Amount \$ _____

Credit Card Number _____

Expiration _____ **Card Security Code** _____

Billing Address

Address _____

City _____

State _____

Zip _____

Shipping address – Is it the same as billing address?

- Yes**
- No**

Alternate shipping address _____

Contact Information

Email address _____ **Telephone** _____