



Data Tec, Inc., P.O. Box 31576, Des Peres, MO 63131
www.ezdent.com Voice (636) 256-7401 Fax (636) 230-6801

Payment Form

Practice Name: _____

Contact Person: _____

Practice Phone: _____ Fax: _____

Comments _____

When complete please Back Fax to: **(636)230-6801**

MasterCard **Visa** **American Express** **Card Number** **Security Code**

Expiration Date **Street (Where your Charge Card Bill is sent)**

Zip Code (Where your Charge Card Bill is sent)

\$ **Dollar Amount** **Charge Card Holder Name**

Charge Card Holder Signature **Date** **FAX NUMBER**
(636) 230-6801