



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