



Greater New York Dental Meeting
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One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Greater New York Dental Meeting** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Exhibiting Company: _____

Please complete the information below:

I _____ authorize **GREATER NEW YORK DENTAL MEETING** to charge my credit card
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(amount) (date)
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Exhibit Space at 94th Annual Session.
(description of goods/services)

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Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX
Cardholder Name _____
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Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

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