



HEADCASE
Laboratory for Dental Specialties

Terms & Conditions

Headcase, LLC statements are mailed at the beginning of every month. Payment is due **30 days net from the invoice date**. We happily accept check or Visa, MasterCard and American Express credit cards.

Delinquent accounts are subject to a \$35.00 late fee and/ or assessed an interest charge of 2% per month.

We require that a credit card is authorized to be placed on file in the event of a delinquency and that you indicate if you choose to make your payments by credit card.

THIS FORM MUST BE COMPLETED AND FAXED TO 703.971.4052 PRIOR TO COMPLETION OF YOUR FIRST CASE.

Thank you for your partnership.

Doctor's Name: _____ License #: _____

VISA/ MASTERCARD/ AMEX (please circle) CARD #: _____

Billing Zip Code for Credit Card: _____ Expiration Date: _____

3-Digit Code (MC/ VISA)/ 4-Digit Code on Front of Card (AMEX): _____

Authorization Signature: _____

Do you wish to make monthly account payments by credit card and have Headcase, LLC run this card on invoice due date? _____ Signed _____