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*Palm Beach, Broward, and Martin counties*

**CREDIT CARD AUTHORIZATION FORM**

Please update our records feel free to telephone us 561-900-7141  
or by fax 561-427-7660 Thank You

I, \_\_\_\_\_ hereby authorize Dental One Staffing  
to charge my account.

Card Type: \_\_\_\_\_ Exp. \_\_\_\_\_

Card Number: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please fax back to Dental One Staffing at: (561) 427-7660

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