



New Customer Information Form

Customer Account Name: _____

Account Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact Information:

Name: _____ Title _____

Email: _____

Credit Card Information:

Cardholder Name: _____

Billing Address: _____

Billing Zip Code: _____

Credit Card Type: Visa _____ Master Card _____ Discover _____ Am Ex _____

Credit Card Number: _____

Exp Date: _____ CVV (last 3 or 4 digits back of credit card) _____

Amount to Charge: \$ FUTURE ORDERS (USD)

Cardholder-Print Name, Sign and Date Below:

Printed Name: _____ Signed: _____

Axis Dental Milling requests all customers keep an updated valid credit card on file. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. I authorize Axis Dental Milling to charge the agreed amount listed above to my credit card provided herein.

Once signed return the completed form by fax or Email:

404-745-0044 (FAX)

teri.axismilling@gmail.com

Axis Dental Milling
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LaGrange, Georgia 30240
706-882-1944