



Support Service Credit Card Authorization Form

Customer Information (To be completed by Customer)

Legal Company Name: _____ Tax ID: _____

Product(s) (Brand / Description / Model / Serial number) that support is being requested for: _____

Payment Schedule (To be completed by Customer)

I authorize Mid America Dental Sales, Inc. to bill the card listed below as specified: Service and Support fees have a charge of \$225, per instance, for up to one hour, with additional hours being charged at \$180 per hour. Your card will be charged \$225 for the initial instance upfront, with any additional time itemized on your invoice and billed to your card once support services are completed. Please list your problem below:

Credit Card Information VISA, MC, DISC, AMEX (To be completed by customer)

Credit card type: _____ Credit card number: _____ Sec Code: _____ Expires: _____

Cardholder's name: (as shown on credit card) _____

Zip code (Billing Address) **REQUIRED** _____

Customer Signature _____

Date: _____

Terms and Conditions (please read before signing)

Buyer understands that **Mid America Dental Sales, Inc.** will never be held liable for any direct, incidental, or consequential damages, including, but not limited to, loss of profits, loss of benefits or loss of data resulting from use and purchase of any of the above items, including software, phone technical support, hardware, printers or on-site services. Buyer understands that Mid America Dental Sales, Inc. reserves the right to charge for any on-site or phone support work after initial hours listed on this quote for any and all work. **Once agreement is signed, Buyer understands that Technical Support will only cover the products on this purchase.**

Each office is responsible insuring equipment under business insurance policy.

If paying by check, Services will be provided once check has cleared. NSF checks will incur a \$45 fee per occurrence.

Mid America Dental Sales, Inc.
121 Exchange Blvd. Glendale Heights, IL 60139