

**SC Dental Association Credit Card Authorization Form**

Please check off the payment type: [ ] Visa [ ] MasterCard [ ] Discover [ ] American Express

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_ CVV Code: \_\_\_\_\_  
*(3-digit code on back or 4-digit code on front of AMX)*

Address where the statements are mailed to: \_\_\_\_\_

Signature: \_\_\_\_\_ Total to Charge: \$ \_\_\_\_\_  
(Authorization to charge to credit card amount indicated)

**If paying by check please make check payable to SCDA & return to:  
Deanna Slomzenski, 120 Stonemark Ln, Columbia, SC 29210  
E-mail: [ski@scda.org](mailto:ski@scda.org) Toll Free: 1.800.327-2598 Fax: 803.750.2277**