



GERETY ORTHODONTIC SEMINARS

embrace a new era

Credit Card Auto Pay Enrollment Form

Please Note:

By completing, signing and submitting this form, you acknowledge that Gerety Orthodontic Seminars is authorized to automatically debit the credit card number you have provided for the total amount of the agreed upon payments for the Online Comprehensive Course.

Customer Account Information:

Customer Name : _____
Shipping Address: _____
City, State, Zip: _____
Office Phone Number: _____ Billing Phone Number: _____
Email Address: _____

Credit Card Information

Type of Credit Card: American Express Visa Master Card Discover
Name as it appears on the card: _____
*Credit Card billing address: _____
*Address where credit card statement is mailed
Credit Card Number: _____ Expiration: _____ CVV #: _____

FOR GERETY ORTHODONTIC SEMINARS USE

Total Cost of Course: \$6,000.00
1st Payment Date: _____ Amount: \$750.00 2nd Payment Date: _____ Amount: \$750.00
3rd Payment Date: _____ Amount: \$750.00 4th Payment Date: _____ Amount: \$750.00
5th payment Date: _____ Amount: \$750.00 6th Payment Date: _____ Amount: \$750.00
7th payment Date: _____ Amount: \$750.00 8th Payment Date: _____ Amount: \$750.00

I hereby authorize Gerety Orthodontic Seminars to automatically debit the credit card number I have provided for the total amount of the continuing education course(s) I have signed up for.

Cardholders Name (Print)

Date

Need Additional Information?
Please contact us 918-606-2809

Cardholders Signature

Email Completed Form to:

Customer-service@orthodonticteaching.com

Upon receipt of the completed Payment Plan Agreement GOS will process the first payment and complete the registration to your course. We will email the login information and ship the course materials to you.