

101 Parklane Boulevard – Suite 301, Sugar Land, TX 77478

Toll Free 877.493.6282

Fax 832-415-0379

Credit Card Authorization

Plan Name-Circle one: Dental Source, OraQuest, Dental Solutions Plus

Member Number or Social Security Number:

Credit Card #

Type of Card: MC VISA American Express Discover

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Expiration Date:

Name on Card:

Amount to charge:

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**I hereby authorize FCL Dental (First Continental Life) to process the above credit card and payment amount for premiums due:**

Signature: Date:

Contact Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_