



Credit Card Enrollment Form

To simplify account management, this form gives GPS permission to retain this credit card information securely in our system, and to guarantee payment of all invoices in the future. Any invoice from GPS providing products, services, and/or shipping, that has not been paid once the statement has processed (on the last working day of the month), will be processed the first working day of the following month. In the event that this credit card will not process, any other existing credit card(s) on the account are subject to being charged.

Alternatively, if you prefer to make payments yourself, you can do so through our customer portal on gpsdigitalrpd.com. However, if you do not process the payment before the statement runs (on the last working day of the month), we will use our automatic charging process as described above.

For additional information, questions, or concerns, please contact our accounts receivable department at ctanner@gpsdental.com.

For information on getting started with the customer portal, please contact Clay at cscott@gpsdental.com.

Please complete the form below.

Company Name: _____
Billing Contact Name: _____
Billing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Email for Statements,
Invoices, Billing
Questions: _____

Account Type: _____
Cardholder Name (as it appears on card): _____
Card #: _____
Expiration: _____
CVV: _____

By authorizing my signature below, I agree that all charges placed on this credit card for products, services, and/or shipping are non-refundable and non-cancelable by me or any party authorized on this credit card.

Cardholder Name Printed

Signature

Date

Email to: ctanner@gpsdental.com

RPD: 4806 N Orange Blossom Trl, Orlando, FL 32810
Main office: 407-447-4250
RPD: 407-409-7671