



Credit Card on File Policy

It is Ultra Core Labs' policy to invoice each delivered case throughout the month. On the 1st of each month each account will receive a statement reflecting all invoices from the previous month.

The customer agrees to contact Ultra Core Labs if there is a discrepancy in the amount billed or if the customer wishes to dispute a charge. Disputes will be evaluated by our team and the statement will be adjusted as needed. If payment has already been posted for an incorrect amount, we will issue the disputed credit to the account for the following month.

On the 15th of the month, we will charge the card on file for the previous month's statement.

A receipt will get emailed to the email provided on the Credit Card Authorization Form.



Credit Card Authorization Form

All information is kept secure and strictly confidential.

Card Type: ☐ Mastercard ☐ VISA ☐ Discover ☐ AMEX

☐ Other _____

Cardholder Name: _____

Billing Address: _____

Email: _____

(receipts will be sent here)

Credit Card Number: _____

Expiration Date: ____/____

CVV/CVC*: _____ (last 3 or 4 digits located on the back of the credit card)

Billing ZIP Code: _____

I, the undersigned, hereby authorize Ultra Core Dental Laboratories, LLC to initiate recurring charges to the above-mentioned credit card for the specified amount on each monthly statement. I understand that these charges will occur at the agreed-upon frequency and will be valid from the date signed below. I also agree to contact Ultra Core Labs in case of any change to my credit card information.

Cardholder's Signature: _____ Date: _____

Printed Name: _____

Return the completed and signed form to us at your earliest convenience. You may email the form to billing@ultracorelabs.com or give us a call if you have any questions or concerns.