

**Dental Excellence Dental Savings Plan**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Spouse's Name:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Children's Names:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

\_\_\_\_\_

**DOB:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

**Additional**

**Children's Names:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

\_\_\_\_\_

**DOB:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

\_\_\_\_\_

**DOB:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

\_\_\_\_\_

**DOB:** \_\_\_\_\_

**SSN:** \_\_\_\_\_

Type of Plan      Single       Dual       Family

Make Checks Payable to: Dental Excellence (of Napoleon, of Delta, or of Sylvania depending on location)

Credit Card:

American Express \_\_\_\_\_

Visa \_\_\_\_\_

Master Card \_\_\_\_\_

Discover \_\_\_\_\_

Credit Card Expiration Date:      Month \_\_\_\_\_      Year \_\_\_\_\_

Dental Excellence is authorized to issue a charge memo to my credit card account.

**Auto-renewal entitles you to a 5% discount off the renewal of the annual membership fee.**

- I would like Dental Excellence to keep my signature on file and auto renew my plan membership annually at the anniversary date.
- By signing I am aware that should I use financing (Care Credit/Sunbit) my discount will be taken at 17% instead of 25%

**Authorized Signature:** \_\_\_\_\_