

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/Greensky) my discount will be taken at 17% instead of 25%

Authorized Signature: _____