



# SURFLINE DENTAL

## Dental Instrument Sharpening Service Form

Carefully pack instruments in a box and have this form ready for retrieval

Please email: [surflinedental@outlook.com](mailto:surflinedental@outlook.com) with any questions

Company name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Number of Scalers: \_\_\_\_\_ Number of Curettes: \_\_\_\_\_  
Number of Elevators: \_\_\_\_\_ Number of Periosteal Elevators: \_\_\_\_\_  
Other (Please Specify): \_\_\_\_\_  
Total Number Included in this package: \_\_\_\_\_

### Automatic Credit Card Payment Authorization

Circle Card Type: Mastercard Visa American Express Discover  
Card No: \_\_\_\_\_  
Exp. Date: \_\_\_/\_\_\_ Security Code: \_\_\_\_\_

**Agreement:** By signing this agreement I authorize payment of my Surflinedental Sharpening service invoices to be charged against my credit card listed above automatically by the 3rd every month for Gold Package or for Silver Package after completion of sharpening instrument pay per use service. If you are unable to charge my credit card, you will notify me and bill me in accordance with current policy.

Card Holder Signature: \_\_\_\_\_

#### Billing Address for Credit Card:

Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cardholder Name (Please Print): \_\_\_\_\_  
Date Signed: \_\_\_/\_\_\_/\_\_\_