

DINA Dental Plans

Credit Card Payment Form

Mail to: DINA Dental Plans
Attn: Accounting
12946 Dairy Ashford, Ste 360
Sugar Land, TX 77478

Phone (866) 436-3093
Fax (281) 313-7155
E-mail: ldouglas@nstci.com

Card Description: **VISA** **MASTER CARD** **DISCOVER** **AMERICAN EXPRESS**
(Circle One)

Date:

Amount:

Card Number:

Exp. Date:

Customer ID Number:
(last 4 digits of SS# if new app)

Full Name on Card:

I hereby authorize DINA Dental Plans to process the above credit card and payment amount:

Signature: _____ Date: _____