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Credit Card Authorization

Dear Doctor:

In our continuous efforts to provide the best possible customer service to our clients, we are extending the offer of our Automatic Charge Processing to you. This will simply charge your statement balance to your credit card on the day of your choice. It is one less check to write, one less stamp to buy and best of all, you will avoid any possibility of finance charges in the future. Furthermore, you can take advantage of any rewards programs that your credit card may offer.

If you would like to take advantage of this offer, simply fill out the form below and return it to us via fax or mail in the enclosed envelope. Please note that we will continue to send a monthly statement that will reflect any account activity – this will be for your records only and no remittance will be needed.

We hope that you will use this service to simplify your life and ensure that your good credit rating remains intact. If you have any questions or need additional information, please feel free to call us at 866-305-5434.

Automatic Charge Processing Authorization

Please charge my monthly statement balance to my credit card as follows:

_____ MasterCard _____ Visa _____ American Express

Credit Card # _____ Exp. Date _____

Auth Code(3 or 4 digit # on back) _____ Process Date 30th or 15th

Name on Card _____

CC Billing Address _____

Signature _____