



Savings Plan Enrollment Form

With my signature below, I hereby authorize Custom Dental to maintain a record of my Credit Card information and to charge my credit card for enrolling in the Custom Dental Savings Plan. I understand this is a membership and the Credit Card listed here will be charged **Monthly** for the savings on dental services I will receive from Custom Dental.

*I authorize the (persons) name below, if any, to also receive the savings of my Membership Plan.
 (* \$10 each person added after 4)

ALL INFORMATION MUST BE COMPLETED

Credit Card Type: Visa MasterCard AMEX

Credit Card #: _____ CSV: _____ Exp. Date: _____

Cardholder Name: _____

*Email Address: _____ Tel: _____

Address: _____

City: _____ State: _____ Zip: _____

X

(Signature – as shown on Credit Card)

Monthly Enrollment Packages:

Select Your Option(s)

ENROLLMENT FEE	1 TIME ENROLLMENT FEE \$199 (AS LONG AS YOUR MEMBERSHIP STAYS CURRENT.)	
SINGLE (1)	\$19 (SAVINGS OF \$265 OFF OUR NORMAL FEES)	Sign me up <input type="checkbox"/>
DUAL (2)	\$29 (SAVINGS OF \$638 OFF OUR NORMAL FEES)	Sign us up <input type="checkbox"/>
FAMILY**(4)	\$44 (SAVINGS OF \$1,444 OFF OUR NORMAL FEES)	Sign my family up <input type="checkbox"/>
EACH ADDITIONAL	\$10	Additional child <input type="checkbox"/>

LIST ADDITIONAL MEMBERS:

FAMILY MEMBERS INCLUDED

* IF MORE THAN PACKAGE OPTION: **ADDITIONAL CHILD (\$10 EA)**

- 1.
- 2.
- 3.
- 4.

- 1.
- 2.
- 3.
- 4.