

If you would prefer to pay the enclosed invoice by credit card, please fill out the form below or call our office at 401-434-3220.

Card type (please circle one):



Name on Card: _____

Card Number: _____

Expiration Date: _____

Amount: _____

Billing Zip Code: _____

I hereby authorize Arthur G. Georgeu, DMD to charge my credit card for the amount listed above.

Signature: _____ Date: _____

Please mail this form to:

Arthur G. Georgeu, DMD
65 Newport Avenue, Suite 4
East Providence, RI 02916

Your payment is greatly appreciated. Thank you!