



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 or Annually** for the savings on dental services I will receive from Custom Dental.

*I authorize the (persons) named below, if any, to also receive the savings of my Membership Plan.
 (*\$150 Annually or \$15 Monthly for each person added after 4 persons.)

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 \$99 (AS LONG AS YOUR MEMBERSHIP STAYS CURRENT.)	<input type="checkbox"/>
SINGLE (1)	*\$299 ANNUALLY OR \$29 MONTHLY (SAVINGS OF \$265 OFF OUR NORMAL FEES)	Sign me up <input type="checkbox"/>
DUAL (2)	\$569 ANNUALLY OR \$56 MONTHLY (SAVINGS OF \$638 OFF OUR NORMAL FEES)	Sign us up <input type="checkbox"/>
FAMILY**(4)	\$869 ANNUALLY OR \$89 MONTHLY (SAVINGS OF \$1,444 OFF OUR NORMAL FEES)	Sign my family up <input type="checkbox"/>
EACH ADDITIONAL	\$150 ANNUALLY OR \$15 MONTHLY	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.

*Any lapse in payment must be paid before membership benefits can be redeemed. 12 month lapse in coverage will require a \$99 re-enrollment fee.