

Credit Card Authorization and Consent Form

I, _____ hereby authorize
TRI Dental Implants Int. AG to charge my credit card for orders respective invoices
for products, shipping costs, etc..

Type of Card Visa MasterCard

Credit Card Number: _____

Expiration Date: _____

Name of Cardholder: _____

Credit Card billing address: _____

CVC (3/4 digit security code on signature strip): _____

Authorized Signature of Cardholder: _____

Signing this, I acknowledge the charges described hereon and assume full responsibility for
said charges and agree to honour and abide by the terms of payment. I acknowledge and
accept TRI Dental Implants Int. AG terms and conditions (<http://www.tri-implants.com/en-us/content/termsandconditions/terms-and-conditions.aspx>).

Signature: _____

Date: _____

Please send the completed & signed form to the address mentioned below or via fax to +41 32 510 1601