



CREDIT CARD CHARGE FORM

Membership Renewal

DATE: _____

ORGANIZATION NAME: _____

CARDHOLDER'S NAME: _____

CARD TYPE: _____

CARD NUMBER: _____

EXPIRATION DATE: _____

AMOUNT CHARGED: _____

INVOICE #: _____

Approval Code (AADGP Use Only)

PLEASE RETURN FORM VIA FAX: 602-381-1093

American Academy of Dental Group Practice
2525 E. Arizona Biltmore Circle, #127 • Phoenix, AZ 85016 • www.aadgp.org

Ph: 602-381-1185

Fax: 602-381-1093

Email: info@aadgp.org