



Credit Card Autopay Enrollment Form

Please Note: By completing, signing and submitting this form, you acknowledge that Henry Schein is authorized, on a monthly basis, to automatically debit the credit card number you have provided for the total amount of all designated purchases billed to the Henry Schein account number listed below.

Henry Schein Customer Account Information:

Account Number:

Name on Account:

Office Phone Number:

Billing Phone Number:

Credit Card Information:

Type of Credit Card: American Express Visa/MasterCard Discover

Name as it appears on card:

Credit Card Account Number:

* Credit Card Billing Address:

Expiration Date:

CVV #

* Address where credit card statement is mailed

Type of invoices to be automatically paid upon enrollment: *(Select one of the following)*

All Invoices Merchandise Invoices Only Equipment/Service Invoices Only
I hereby authorize Henry Schein, on a monthly basis, to automatically debit the credit card number I have provided for the total amount of all designated purchases billed to the Henry Schein account number listed above.

Cardholders Name *(Print)*

Cardholders Signature

Date

Fax Completed Form to:

Attn: Shared Services Dept.

(781) 998-0328

or

Mail Completed form to:

Henry Schein
Attn: Shared Services Dept. (M393)
135 Duryea Road
Melville, NY 11747

Need additional information?

Contact Customer Service at (800) 472-4346