

**MICHAEL J. HOSIER, D.D.S., M.S.**  
Specialist in Orthodontics and Dentofacial Orthopedics  
9101 S. Toledo Ave • Tulsa, Oklahoma 74137 • 918-523-4999  
3300 Chandler Road • Muskogee, Oklahoma 74403 • 918-781-0600

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Date: \_\_\_\_\_

I authorize Dr. Michael Hosier to charge the following credit card account:

Patient's Name: \_\_\_\_\_

Monthly Payment Amount: \_\_\_\_\_

Type of Credit Card: Visa \_\_\_\_\_ MC \_\_\_\_\_ Discover \_\_\_\_\_ Amex \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_

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Office Use:

Last pmt date: \_\_\_\_\_