



Quick Enrollment Form

Use as needed, circle option & shred after processing

Upon enrollment, you will have access to replacement retainers for a copay of \$43 for traditional clear retainers, or \$63 for early treatment retainers and \$69 for Hawley retainers shipped to your door for life.

CLEAR RETAINER MEMBERSHIP

OPTIONS	WEBSITE RETAIL PRICE	IN TREATMENT- PAY IN FULL OR PAYMENT PLAN
1 ARCH	\$625	\$349.50 or 3 months X \$123.17
2 ARCHES	\$1250	\$699 or 6 months X \$123.17

HAWLEY RETAINER MEMBERSHIP

OPTIONS	WEBSITE RETAIL PRICE	IN TREATMENT- PAY IN FULL OR PAYMENT PLAN
1 ARCH	\$625	\$369 or 3 months X \$129.67
2 ARCHES	\$1250	\$738 or 6 months X \$129.67

I _____ authorize **Retainers For Life** to charge my account indicated below each month or pay in full for payment of my/my child(s) retainers.

Name of Patient: _____ **DOB:** _____

Phone Number: _____ Email Address: _____

UPPER/LOWER/BOTH (circle one) PHASE I / TRADITIONAL (circle one)

Credit Card:

Visa Mastercard Discover Amex HSA FSA

Card Holder Name: _____ Card Number: _____

Exp Date: _____ CVV: _____ Withdrawal Date: _____

Billing Address: _____

Signature: _____ Date: _____

I understand that this authorization will remain in effect until I cancel, and I agree to notify the above named business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company; so long as the transactions correspond to the terms.

*All prices are subject to change

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