# The Smile Center

## DENTAL PLAN APPLICATION

### MEMBER INFORMATION

Name _____

Address _____

_____

City _____ State _____

Zip Code _____ Phone _____

Email Address _____

Plan Type: ○ SINGLE ◉ FAMILY

If FAMILY PLAN, list all family members under plan:

_____

**PLEASE SELECT YOUR PAYMENT METHOD**

- ○ VISA
- ○ MASTERCARD
- ○ DISCOVER
- ○ CHECK
- ◉ CASH

Card # _____

Exp. Date: ____/____ CVV: _____

x _____

Signature of Cardholder

Please make checks payable to:
THE SMILE CENTER