



Dental Assistance Savings Plan Agreement

Name _____ Date _____

Plan Purchased: Single _____ Amount Paid _____
 Dual _____
 Family (3) _____
 Family (4) _____
 Other _____

Other Family Members included (if applicable):

_____	_____
_____	_____
_____	_____
_____	_____

- The DASP is for use only in our office and is not valid anywhere else
- The DASP is non-refundable
- The DASP can not be used in conjunction with any other dental or discount plan

Auto-renew your policy and get 5% off your plan premium!

Credit Card Type: AMEX _____ Exp Date (MM/YY) _____
 Visa _____
 MC _____
 Discover _____

Credit Card Number _____

Signature _____