



Photo Upload Help

Print and fax this completed form if you are sending us your photos. Remember that uploading your photos yourself into your account is **always free**.

- I am sending (#)_____ photos via **mail** to the team at Smile Gallery Pro to be scanned into my account. I will clearly organize and label my photos.
- I am sending (#)_____ photos via **email** to the team at Smile Gallery Pro to be uploaded into my account. I will clearly organize and name my photos.
- I am sending (#)_____ photos **on a disk via mail** to the team at Smile Gallery Pro to be uploaded into my account. I will clearly organize and name my photos.
- I also want the Smile Gallery Pro team to setup a basic account and email me with details.
- I also want the Smile Gallery Pro team to setup a Pro account at a cost of \$77/month.
- Please charge my credit card for the number of photos multiplied by \$7 and let me know when it is done. I understand that Smile Gallery Pro cannot be held responsible for lost mail/email. I understand all the terms and conditions located on www.smilegallerypro.com.

CONTACT INFORMATION

Name of Doctor:

Address:

City:

State/Prov.:

ZIP/Postal Code:

Phone:

Fax:

Email:

BILLING INFORMATION

Credit Card Type: Visa Mastercard

Credit Card Number:

CVV# (extra 3 digits on back of card):

Expiry Date:

Name on Card:

Date:

Signature:

Send to information:

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