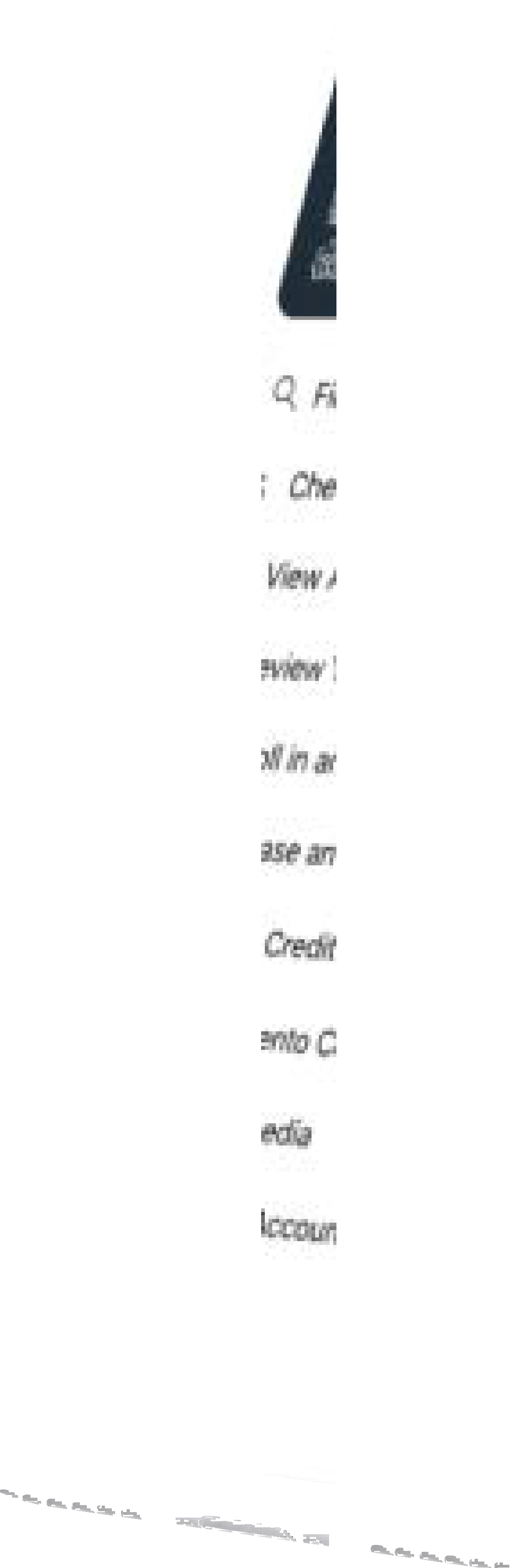
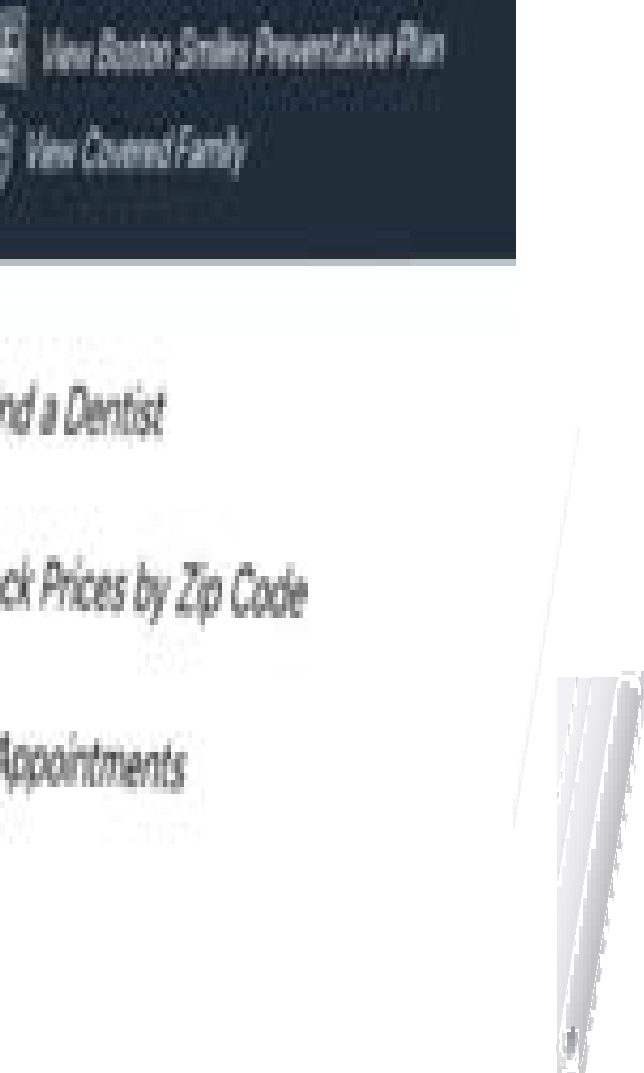
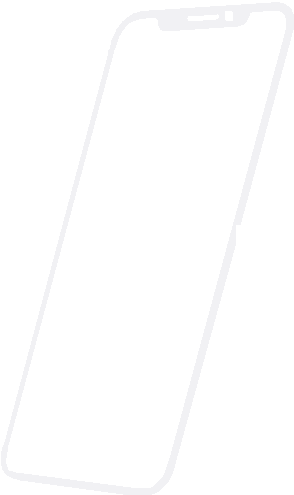
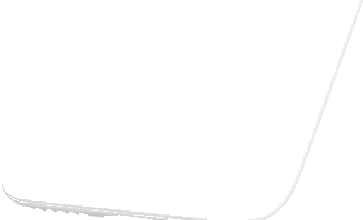
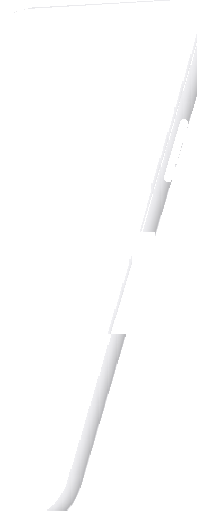
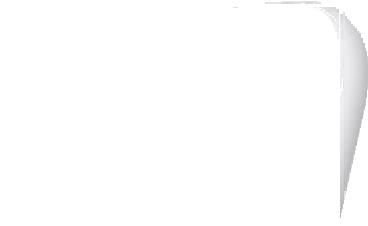
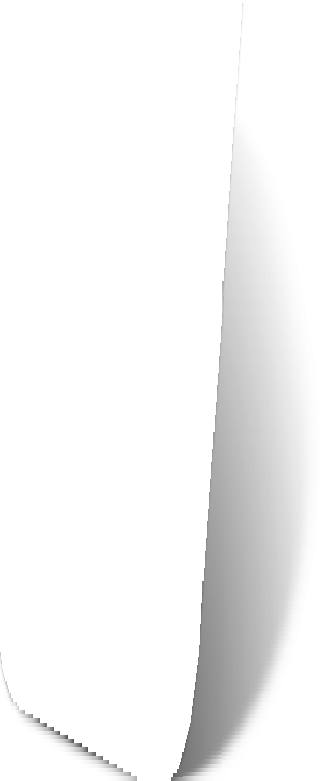
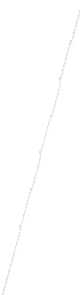
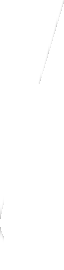
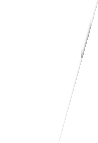
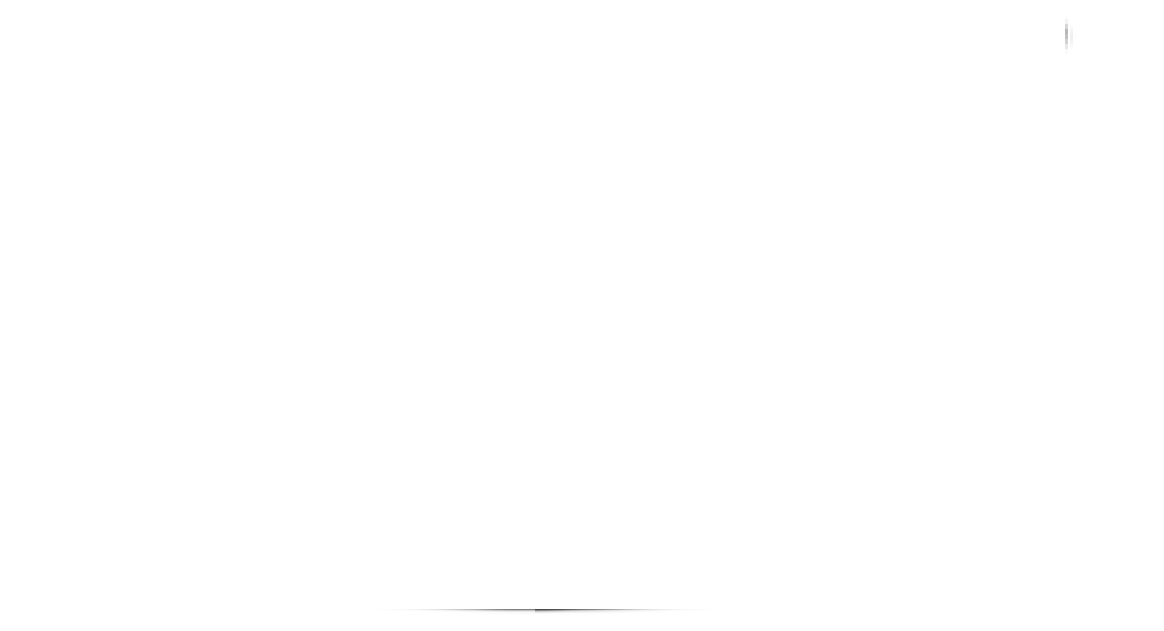
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Address

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First Name Last Name

Email Phone

Address

City State Zip Code

Gender (Check One)

Male Female

Third Gender

Gender (Check One)

Male Female

Third Gender

Prefer Not To Say

Self Describe

Prefer Not To Say

Self Describe

Birth Date (MM/DD/YYYY) SSN Birth Date (MM/DD/YYYY) SSN

# Sign up directly from your cell phone!

**Payment Information**

Card Number

MM/YY

CVC

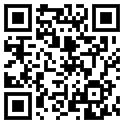
Billing Zip Code

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authorize this credit card to be charged for agreed upon monthly plan fees and for any agreed upon non-covered services.

\*Active payment method can be updated at any time by contacting us or in the Bento Dental app.

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