

Dentist Name: _____ Tel: _____ Fax: _____

Address: _____ Cell Phone: _____

QTY	ITEM	DESCRIPTION	AMOUNT	TOTAL
_____	PRF4 Reporting Services	<p>Management Consultant will Submit Your PRF Report for Reporting Period 4: Providers who received Provider Relief Fund (PRF4) payments exceeding \$10,000, in the aggregate, between June 1, 2021 to December 31, 2021 are required to report in Reporting Period 4 (PRF4). Providers that are required to report and do not submit a completed report by the deadline will be deemed out of compliance with the program Terms and Conditions and will be: subject to recovery of all funds not reported on during PRF4.</p> <p>Action Needed: Reports must be submitted by 11:59 PM ET on March 31, 2023.</p> <p>→ [It takes us 3 weeks to gather all data and file so don't wait for the deadline, it will be too late.]</p>	\$750.00 Per dental office	_____.00
	TOTAL DUE			\$_____.00

I hereby agree to the above and authorize EZ 2000, Inc. to charge the credit card below to pay the amount of: **\$750.00** (seven hundred fifty dollars and no cents) per dental office X _____ to EZ 2000, Inc.

Name on Credit Card: _____ Billing Zip Code: _____

Credit Card # _____

Tax ID: _____ Exp. Date: _____ Sec. Code: _____

Authorized Signature: _____ Date Signed: _____

Email: _____

Office 1 Business Name Who Received Funds: _____

Office 2 Business Name Who Received Funds: _____

Office 3 Business Name Who Received Funds: _____

***** Please fax this page to 310-362-0301 or email back to sales@ez2000dental.com**