



## CREDIT CARD AUTHORIZATION

COMPANY NAME: \_\_\_\_\_

NAME AS IT APPEARS ON CARD: \_\_\_\_\_

IS THIS CARD A COMPANY CARD OR PERSONAL CARD (please circle one):

COMPANY

PERSONAL

BILLING ADDRESS:

\_\_\_\_\_  
\_\_\_\_\_

ITEM #: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

CARD EXPIRATION: \_\_\_\_\_

SECURITY PIN: \_\_\_\_\_

CARD TYPE: (PLEASE CIRCLE)

VISA

MASTERCARD

AMERICAN EXPRESS

AMOUNT TO BE CHARGED: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_

IS IT OK TO KEEP ON FILE FOR FUTURE INVOICES:      YES      NO

**PLEASE COMPLETE AND FAX BACK TO 813-441-7283 OR**

**EMAIL TO BILLING@BRIDGEMEDPRO.COM**