

PLEASE FAX BACK TO: 315-431-0149 ATTN: ACCOUNTING DEPT.

Company Information

Company Name: _____
 Company Phone: _____ Company Fax: _____

Credit Card Information

Card Type: Visa Mastercard American Express

Cardholder Name: _____
(AS IT APPEARS ON THE CARD)

Billing Address: _____

Card Number: _____
 Security Code: _____
 Expiration Date: _____

Security Code
 Mastercard/Visa



Security Code
 American Express



Charge Authorization

- Authorization to Charge Future Purchases – Retain Card Information on File**
 I hereby authorize Danlee Medical Products, Inc. to retain this credit card information on file and with consent use it to submit payment for future purchases. This authorization shall remain in effect until Danlee Medical Products, Inc. receives written notification of its termination.
- Authorization to Retain Card Information on File and Automatically Charge Future Purchases**
 I hereby authorize Danlee Medical Products, Inc. to retain this credit card information on file and use it to automatically charge future purchases. This authorization shall remain in effect until Danlee Medical Products, Inc. receives written notification of its termination.
- Cancel prior authorization to Charge, Automatically Charge, and or Retain Card Information on File**

Authorized Signature of Cardholder: _____

Date: _____

When signed, this document serves as a "Signature on File." By signing this document I am stating that I understand the contents of this document and agree to all the terms. I agree to pay any charges made according to the card issuer agreement.