Danlee Medical Products, Inc.

6075 E Molloy Rd, Bldg #5
Syracuse, NY 13211
Toll Free: 1-800-433-7797
Phone: 315-431-0143
Fax: 315-431-0149
Website: www.danleemedical.com

Credit Card Authorization Form
SOP09-01FORM01

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 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.

☐ Use card information for one time purchase only.

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.