



Submit Form

This letter serves as authorization to charge all product and any freight charges to the credit card information contained in this letter. Please fax or mail this form along with a legible photocopy of both sides of the credit card and either a drivers license or another form of legal ID with signature before product ships. This information is for Broward A&C Medical Supply. Inc. usage only and is kept confidential.

## CREDIT CARD AUTHORIZATION

Today's Date: \_\_\_\_\_

I, \_\_\_\_\_ give Broward A&C Medical in Deerfield Beach, Florida authorization to use the following credit card:

Corporate Card

Personal Credit Card

CARDHOLDER'S NAME: \_\_\_\_\_

Company Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Complete Billing Address \_\_\_\_\_

\_\_\_\_\_

VISA # \_\_\_\_\_ EXPIRATION: \_\_\_\_\_ CVV2 \_\_\_\_\_

MC# \_\_\_\_\_ EXPIRATION: \_\_\_\_\_ CVV2 \_\_\_\_\_

AMEX# \_\_\_\_\_ EXPIRATION: \_\_\_\_\_ CVV2 \_\_\_\_\_

This authorization can be used for all future orders until credit card expires or a one time order only. Please check one of the boxes below.

Future Orders

One Time Order Only

\_\_\_\_\_  
Authorized Signature