Credit Card Authorization Form

I, _____ , hereby authorize HME Providers, to charge my

credit card account in the amount of: $_____ on ____/____/_____

( ) VISA ( ) MasterCard ( ) American Express ( ) Discover

Credit Card Number: _____

Expiration Date: _____ /_____ VID Code: _____ (3 digit code on back of card)

Credit Card Billing Address:

Street: _____

City:_____ State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: (_____) _____- _____

*As the **credit card** holder, I hereby authorize receipt of goods or services at the shipping address above.*

_____ ____/____/_____
Cardholder's Signature Date

As the **credit card** holder, I also authorize HME Providers, Inc. to charge the above **credit card** for future fees approved by me in the amount of $_____

Your completion of this **authorization form** helps us to protect you, our valued customers, from **credit card** fraud. HME Providers will keep all information entered on this **form** strictly confidential

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