

ELITE ORTHOTICS

CUSTOM BRACING SOLUTIONS

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Fax: (724) 452-5530

Credit Card Payment Authorization Form

I have authorized Elite Orthotics to charge my:

American Express _____ MasterCard _____ Visa _____ Discover _____

Please complete the following information:

Company Name: _____

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Card Billing Address: _____

Name (please print): _____

Authorizing Signature: _____ Date: _____

Instructions:

For use only when payment requested by card holder or authorized person

Process automatically with every order

Process at net 30 days for each order

Delete any previous authorization on file

Save any previous authorizations on file

Other: _____

Please fax completed form to Elite Orthotics at (724) 452-5530 or scan and send by email: info@eliteorthotics.com