|  |  |
| --- | --- |
| **5901 Sun Blvd., Suite 200**  **St. Petersburg, FL 33715**  **Phone 727-424-2669**  **Email: lisa@sedationsystems.com** | CREDIT CARD AUTHORIZATION FORM |

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**\*Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(\*3% Convenience will be added)**

**[ ] AMERICAN EXPRESS [ ] VISA [ ] MASTERCARD**

**CARD NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**EXP: \_\_\_\_\_\_\_\_\_\_CVV:\_\_\_\_\_\_\_\_\_\_**

**CARDHOLDER’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CARDHOLDER’S NAME (as it appears on card):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CARDHOLDER’S BILLING ADDRESS:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_\_\_\_\_**

**ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**• If credit card method is being used, please be sure card limits are high enough to handle expected charges. • We will require the above credit card authorization form to be filled out completely**