

CREDIT CARD AUTHORIZATION FORM

AIRPORT MEDICAL SOLUTIONS, INC

2404 NW 87TH PL, DORAL FL 33172

PH: 305-470-2220

FAX: 866-919-9349

<http://www.amscompliance.com>



COMPANY INFORMATION

COMPANY NAME:

DATE:

I, , authorize Airport Medical Solutions, Inc. to charge on my Credit Card the

following:

Amount to be Charged: \$

CREDIT CARD INFORMATION

CREDIT CARD:

Master Card

VISA

DISCOVERY

AMEX

CREDIT CARD NUMBER:

-

-

-

EXPIRATION DATE:

MM

YYYY

BILLING ZIP CODE:

SECURITY CODE:

FOR OFFICE USE ONLY

CUSTOMER #: _____

INVOICE #: _____

APPROVAL CODE: _____

Print Form

Reset Form

Please print, scan and email this completed authorization form back to billing@amscompliance.com