



NC Association for Medical Equipment Services
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"Serving the industry leaders in North Carolina"

CREDIT CARD CHARGE AUTHORIZATION FORM – FAX to 919-249-1394

The credit card form must be filled out completely, or payment will be declined and not processed.

Date: _____

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(CIRCLE CARD TYPE or write choice here _____)

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

V-Code (3 digits) _____

(Back of card, Amex is 4-digit code on front of card)

Name on Credit Card: _____

Billing Address of Credit Card: _____

Charge Amount \$ _____ Item Purchased: _____

Cardholder's Signature: _____

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