

Advanced Medical Supply, Inc

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Chicago, IL 60641

Phone: 773-205-6993

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Credit Card Authorization Form

Credit card type: Visa, Master Card, Discover (circle one)

Cardholder Name _____

Credit Card Number _____

Expiration Date ____/____

CVS code _____

Billing Address Street _____

City _____

State _____ Zip. _____

I authorize Advanced Medical Supply to charge my credit card for the amount
\$ _____

Cardholder Signature _____

Date _____