

Advanced Medical Supply, Inc

3322 N. Milwaukee Ave.

Chicago, IL 60641

Phone: 773-205-6993

Fax: 773-205-6994

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 _____