

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 \_\_\_\_\_