



Credit Card Authorization Form

All domestic (USA) orders over \$200 and all international orders require this Credit Card Authorization Form to be filled out and faxed to us at (01) 919-844-9403. We must receive this form before we can process your order. Please note: we DO NOT accept credit card payments for orders over \$200 for international orders. If your order is over \$200, please see our International Customers page at <http://www.egeneralmedical.com/incus.html> for more payment options. Thank you!

Order #:

Date: / /

Billing Information

Name:

Street Address:

City:

State:

Zip:

Country:

Phone: () -

Email:

Credit Card Used:

American Express

Discover

MasterCard

Visa

Credit Card #:

Verification # (3-4 digits):

Exp. Date: / /

Shipping Information

Use same billing and shipping address.

Name:

Street Address:

City:

State:

Zip:

Country:

Phone: () -

Email:

Items Purchased

Item SKU

Item Name

Quantity Amount (\$US)

By signing this agreement, you are authorizing eGeneralMedical.com to charge the credit card entered for the order number and total amount (\$US) listed above, and to ship the items to the alternate shipping address if one is provided. You agree not to charge back to eGeneralMedical.com for this sale.

Total Amount (\$US):

Customer Signature: