



## CREDIT CARD AUTHORIZATION FORM

Eray Medical Supplies Inc. WILL NOT process phone orders without a customer's signed credit card authorization form. Please be advised that this form MUST BE filled by the credit card holder with a matching signature on both the card, driver license and the credit card authorization form. Please fax this form to 631-750 0940 with the copy of the credit card(front and back) and the driver license..

Thank you...

(If you can not print this form, please contact us at 631-750 0938 and we will fax you a copy of the authorization form.)

I \_\_\_\_\_ understand that Eray Medical Supplies Inc. will act as the merchant for my purchase of (Product Name)\_\_\_\_\_ for the amount of \$\_\_\_\_\_. I authorize Eray Medical Supplies Inc. to charge my (Type of Credit Card)\_\_\_\_\_ (Number)\_\_\_\_\_, (Security Code CVV)\_\_\_\_\_ with the expiration date\_\_\_\_\_

### **Card Holder's Billing Information:**

Street : \_\_\_\_\_  
City : \_\_\_\_\_  
State : \_\_\_\_\_  
Zip Code : \_\_\_\_\_  
Phone : \_\_\_\_\_  
Fax : \_\_\_\_\_  
Signature : \_\_\_\_\_  
Name : \_\_\_\_\_  
Date : \_\_\_\_\_

### **Shipping Information(if different from above):**

Street : \_\_\_\_\_  
City : \_\_\_\_\_  
State : \_\_\_\_\_  
Zip Code : \_\_\_\_\_

**NOTE** :The copy of the ID and the credit card(front and back) are required to be faxed with this form.