

Credit Card Authorization Form

Signature Custom Orthotics accepts MasterCard and Visa as forms of "auto pay" payment. To utilize this service, simply complete and sign this page and fax back to our accounting department @ 303-238-8722.

Please PRINT CLEARLY when filling out the required information.

Account Information

Account Number _____

Name of Practice _____

Name of Physician(s) _____

Address of Practice _____

Credit Card Information

Name As It Appears On Card _____

Street Address _____

Type of Card MC Visa

Card Number # _/_/_/_-/_/_/_-/_/_/_-/_/_/_ Exp. Date _____

Frequency of Payment

Daily

Weekly

Monthly

Cardholders Signature _____

Date _____

I hereby authorize RMOL to charge my credit card as indicated above.