

CREDIT CARD ORDER / AUTHORIZATION FORM

Endure Medical, Inc.
1455 Ventura Drive Cumming, GA 30040
770/888-3755 Phone 770-888-3991 Fax

**PLEASE SIGN BELOW AND FAX TO 770-888-3991 WITH COPY
OF CREDIT CARD AND DRIVERS LICENSE.**

Name on Credit Card: _____
Company: _____
BILLING Address of Credit Card: _____

City, State: _____ Zip: _____
Phone # _____ Fax: _____
E-mail: _____

Qty.	Part Number	Description	Unit Cost	Extended Cost
Shipping Address (if different from billing):			Subtotal: _____	
			Shipping: _____	
			Sales Tax: _____	
			Total Amount: _____	

Payment Information:

Charge to: _____ Mastercard _____ Visa _____ AMEX

Card Number: _____ Exp.Date: _____

Security Code _____

Print Cardholder Name (as shown on credit card)

X

Signature of Cardholder (REQUIRED)

I agree to pay above total amount according to card issuer agreement.

BY SIGNING THIS CREDIT CARD ORDER / AUTHORIZATION FORM, I REPRESENT THAT (1) I AM AUTHORIZED TO SIGN FOR CHARGES ON THE IDENTIFIED CREDIT CARD, (2) THE CREDIT CARD IS ACTIVE AND MY PRIVILEGES TO CHARGE HAVE NOT BEEN SUSPENDED. AND (3) IF THE CREDIT CARD ISSUEER REFUSES TO PAY ENDURE MEDICAL, INC, FOR ANY REASON, I WILL MAKE ARRANGEMENTS FOR PAYMENT. I FURTHER ACKNOWLEDGE THAT THE UNAUTHORIZED USE OF A CREDIT CARD IS A GEORGIA STATE FELONY.