

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us in writing at [kanderson@woundkair.com](mailto:kanderson@woundkair.com). This authorization will remain in effect until notified otherwise by email.

<b>Credit Card Information</b>
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card): _____ Billing Address Associated with this Credit Card: _____ City: _____ State: _____ Zip Code: _____
Card Number: _____
Expiration Date (mm/yy): _____
CVV Number (Visa, Mastercard, Discover- 3 Digit Numeric Number): _____ <b>Number found on back of Credit Card</b>
CVV Number (American Express- 4 Digit Numeric Number): _____ <b>Number found on front of Credit Card</b>

By signing this authorization, I, \_\_\_\_\_, authorize WoundKair Concepts, Inc. to charge my above credit card. I understand that my information will be saved & protected to file for future transactions on my account that exceed the 30 day net terms as well as any monthly reoccurring supply orders you wish to have billed to this card.

\_\_\_\_\_   
Customer Signature

\_\_\_\_\_   
Date