

# Medical Databases

## Charge Card Authorization Agreement

I am authorizing Medical Databases to charge my charge card noted here...

Visa     MasterCard     Discover

Card number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Bank Name \_\_\_\_\_

On back of card immediately after your card number are three additional numbers.

These numbers are \_\_\_\_\_ .

Billing address \_\_\_\_\_

for card \_\_\_\_\_

\_\_\_\_\_

I am approving the amount of \$ \_\_\_\_\_. This payment is for the following products

and/or services:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I also fully understand that this payment is **not refundable**, that the charge **may** appear on my statement as coming from **Scott Zeigen, M.D.**, and that I will not contest this charge.

Name on card \_\_\_\_\_

Your Signature \_\_\_\_\_

Email Address \_\_\_\_\_

Today's Date \_\_\_\_\_