

ELITE ORTHOTICS

CUSTOM BRACING SOLUTIONS

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Credit Card Payment Authorization Form

I have authorized Elite Orthotics to charge my:

American Express _____ MasterCard _____ Visa _____ Discover _____

Please complete the following information:

Company Name: _____

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Card Billing Address: _____

Name (please print): _____

Authorizing Signature: _____ Date: _____

Instructions:

() For use only when payment requested by card holder or authorized person

() Process automatically with every order

All credit card transactions will incur a merchant surcharge fee of 2.5 percent.
This fee is subject to change as credit card vendors change their fees.

Please fax completed form to Elite Orthotics at (724) 452-5530 or scan and send
by email: info@eliteorthotics.com