



CREDIT CARD AUTHORIZATION FORM

I, _____, give authorization to MedLic, LLC to charge my credit card for the following services or advertisement:

DESCRIPTION	AMOUNT

The purpose of these charges are for _____.

I understand that the total charges of \$ _____ (US) Dollars will be applied to my Credit Card Account. It is my understanding that NO additional charges can be added without my permission.

CREDIT CARD INFORMATION

Name as it appears on Card: _____

Type of Credit Card (Circle One): Visa • MasterCard • American Express • Discover

Credit Card # _____ Expiration Date _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Verification code (last 3 digits on the signature panel on back of card): _____

Email: _____

Phone Number: _____ Fax Number: _____

Card Holder Signature: _____ Date: _____