

# Medical Records Now, Inc.

Invoice #

Amount to be Charged \$

(760) 722 8034 PHONE

(760) 433 3521- FAX

medicalrecordsnow@cox.net

## AUTHORIZATION TO CHARGE CREDIT CARD

### Authorization Agreement

I, \_\_\_\_\_, hereby authorize Medical Records Now to charge my account at the financial institution named below.

This agreement will remain in effect until Medical Records Now receives payment from me or my financial institution, or until I submit a refund request and pay charges via other means (i.e. check, money order, or cash). A copy of this authorization is as valid as the original.

### Account Information

Name on Credit Card: \_\_\_\_\_

Billing Address:

Type of Card  Mastercard

Visa

Date of Expiration: \_\_\_\_\_

CVC\* \_ \_ \_

Account Number: \_\_\_\_\_

\* CVC is the 3 Number Card on the back – Last 3 Numbers

### Signature

Authorized Signature \_\_\_\_\_

Date: \_\_\_\_\_