



Hamilton
Medical
Products

T: 510-799-0100 / F: 510-245-3183
sales@hamiltonmedicalproducts.com

Credit Card Authorization Form

For your protection we must receive this form for orders over \$250 (new customers; customers with different billing and shipping addresses). Please fax form 1-510-245-3183 or email sales@hamiltonmedicalproducts.com. Your order will not be processed until we receive this completed form. Thank you, we appreciate your business!

BILL TO		
COMPANY:		
NAME:		
ADDRESS:		
CITY:	ST:	ZIP:
TEL:	FAX:	
EMAIL:		

SHIP TO		Same
COMPANY:		
NAME:		
ADDRESS:		
CITY:	ST:	ZIP:
TEL:	FAX:	
EMAIL:		

Order # yhst-61938473472781-

Date (MM/DD/Y): / /

Payment Method:

Credit Card Number: _____ Exp. Date: _____

CID Code: _____

Name on Card: _____

Total Amount: \$ _____

By signing this agreement, you are authorizing Hamilton Medical Products, Inc. to charge the credit card entered for the order number and total amount listed above, and to ship the items to the alternate shipping address if one is provided.

You attest that you are the cardholder and agree not to charge back to Hamilton Medical Products, Inc. for this sale.

Signature: _____

Date (MM/DD/Y): / /