

# Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us in writing at [kanderson@woundkair.com](mailto:kanderson@woundkair.com). This authorization will remain in effect until notified otherwise by email.

<b>Credit Card Information</b>				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
Cardholder Name (as shown on card): _____				
Billing Address Associated with this Credit Card: _____				
City: _____ State: _____ Zip Code: _____				
Card Number: _____				
Expiration Date (mm/yy): _____				
CVV Number (Visa, Mastercard, Discover- 3 Digit Numeric Number): _____ <b>Number found on back of Credit Card</b>				
CVV Number (American Express- 4 Digit Numeric Number): _____ <b>Number found on front of Credit Card</b>				

By signing this authorization, I, \_\_\_\_\_, authorize WoundKair Concepts, Inc. to charge my above credit card. I understand that my information will be saved & protected to file for future transactions on my account that exceed the 30-day net terms as well as any monthly reoccurring supply orders you wish to have billed to this card.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date