



3B Medical
799 Overlook Drive
Winter Haven, FL 33884

Credit Card Authorization Form

Customer: _____

Name on Card: _____

Billing Address: _____

AMEX Discover Mastercard Visa

Credit Card #: _____

Expiration Date: _____ CSV Code: _____

Amount to Charge: _____

(3 % processing fee will be added to each payment)

Invoices: _____

I hereby authorize 3B Medical to charge my credit card above for agreed purchases and related processing fees. I understand that my information may be saved on file for future transactions on my account. 3B Medical will only seek authorization to charge the account pursuant to a valid purchase order issued by Customer. I further agree that no chargebacks are authorized and any credits or returns will be handled by 3B Medical's warranty and returns policy which is included in 3B Medical's Terms of Sale and can be found at 3bproducts.com

Authorized Signature: _____