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Credit Card Charge Authorization

I, _____, (buyer) authorize U.S. Orthotics (seller) to prepare and submit credit card charge slips using the credit card listed for the purpose of paying invoices to U.S. Orthotics.

Credit Card # _____

Expires _____ Always Use _____ One time use _____

Name (as it appears on card) _____

Company _____

Credit Card Billing Address _____

City _____ State _____ Zip _____

Signature _____ Date _____

Phone _____

Fax _____

******* U.S. Orthotics accounting FAX 813-623-1055 *******

**** Credit card terms are Point of Sale****

****Credit card payments made after point of sale are subject to a 3% convenience surcharge ****