



**Virginia Association of Durable Medical Equipment Companies**  
**P.O. Box 4411, Cary, NC 27519-4411**  
**Phone: (919) 387-1221, Fax: (919) 249-1394**

[www.vadmec.org](http://www.vadmec.org)

**CREDIT CARD CHARGE AUTHORIZATION FORM – FAX to 919-249-1394**

**The credit card form must be filled out completely, or payment will be declined and not processed.**

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

**Business Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_



(CIRCLE CARD TYPE or write choice here \_\_\_\_\_)

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXPIRATION DATE:** \_\_\_\_\_

**V-Code (3 digits)** \_\_\_\_\_

(Back of card, Amex is 4-digit code on front of card)

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

**Billing Address of Credit Card:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Charge Amount \$** \_\_\_\_\_ **Item Purchased:** \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_

**Merchant Services Provided by: Atlantic Merchant Services - (877) 947-1800 for info**