



CREDIT CARD AUTHORIZATION FORM

Please write legibly and fax to 310 270 4288
Orders are not confirmed until verbal confirmation
with Momed. Call 310 270 4444 with any questions.

CARDHOLDER / BUSINESS NAME

TYPE OF CARD

CHECK ONE DISCOVER VISA
 AMEX MASTERCARD

CARD #:

EXP:

BILLING ADDRESS

STREET:

CITY, STATE, ZIP:

PHONE:

FAX:

E-MAIL:

I verify that all information is correctly provided, and that I, the undersigned, am the authorized cardholder of the above credit card. I further verify that the signature below is my signature as indicated on the reverse of the above indicated card. I hereby authorize MOMED to charge my indicated credit card, without an imprint, for orders placed by myself or my authorized agent. I understand that MOMED still reserves the right to request the front and back copy of my card, and/or of my driver's license should further verification and authenticity of the cardholder be required. Cardholder also agrees not to request any charge backs on the credit card until any disputed matters are resolved with MOMED.

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by MOMED.

CARDHOLDER'S SIGNATURE:

DATE SIGNED:
