117 West Dudley Town Road
Bloomfield, CT 06002
Tel: (860) 243-2100
Toll Free: (800) 874-0120
Fax: (860) 243-2101
E-mail: info@plmedical.com
Website: http://www.plmedical.com

Credit Card Billing Authorization Form

In order to better service our customers we now accept credit card payments from Visa, MasterCard and American Express. If you wish to charge your invoice by credit card please fill out the following form. We also continue to accept payments by check. Checks should be mailed to:

PL Medical
117 West Dudley Town Road
Bloomfield, CT 06002

Please remember to include your invoice number on your check.

Credit Card Information		
[ ] Visa	[ ] MasterCard	[ ]American Express
Name		
Billing Address		
Billing City, State, Zip		
Daytime Phone Number		
Daytime Fax Number		
E-Mail Address (a receipt will sent to this address)		
Credit Card Number		
CID (Card ID #)		Last 3 digit numbers on the back of your card or 4 digit number on the front of Amex
Expiration Date (mm/yyyy)	/	

I authorize PL Medical Co., LLC to bill my credit card per the instructions below:

Bill my credit card once for the following amount:	$, .
Please apply this payment to the following Invoice:	

All information provided is accurate and complete. Disputes to amounts invoiced should immediately be reported to orders@plmedical.com or (800) 874-0120.

The undersigned is the duly authorized representative for the above credit card.

Authorized Signature: _____ **Date:** _____

Please fax the completed form to PL Medical at
(860) 243-2101.