



## Credit Card Application Form

### Credit Card Information

Company Name: \_\_\_\_\_

Person Authorized: \_\_\_\_\_

Credit Card Type:    MasterCard    Visa

Issuing Bank: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ CVC # (3 digits on back of card) \_\_\_\_\_ Expiry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

### Billing Address

City: \_\_\_\_\_ Prov/State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

### Please select one of the following payment options

- ☐ bill my credit card once for the following amount \$ \_\_\_\_\_
- ☐ please apply this payment to the following invoice #: \_\_\_\_\_ \$ \_\_\_\_\_
- ☐ Weekly - bill my credit card once per week for the amount of service provided each week for all contracts with Sound Orthotics Inc.
- ☐ Monthly - bill my credit card once per month for the amount of service provided each month for all contracts with Sound Orthotics Inc.

Applicant agrees that all info provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at Sound Orthotics Inc.'s discretion if any charges are declined or charge backs are claimed against any outstanding invoiced amount. Disputes to amount invoiced should immediately be reported to [info@soundorthotics.com](mailto:info@soundorthotics.com).

Changes in the status of this card can also be reported to [info@soundorthotics.com](mailto:info@soundorthotics.com)

The undersigned is the dully authorized representative of \_\_\_\_\_ (the company) above.

Authorized Name (please print): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_