



Phone (888) 392-1234 Fax (727) 584-9602

Authorization to Charge Credit Card

Please email form to accounting@medrx-diagnostics.com

CREDIT CARD INFORMATION

NAME AS IT APPEARS ON CREDIT CARD

STREET ADDRESS

APT/UNIT/PO BOX

CITY STATE ZIP+4

Total Amount Due: \$ _____

Please charge to the following credit card:

Expiration Date: *(Month)* *(YR)* CVV Code

Credit Card No.

I authorize MedRx, Inc. to charge my credit card.

Card Holder Signature

Date

Telephone number:

If you would like to keep this credit card on file for future calibrations or accessory orders, please sign below.

Returned items must have return authorization from MedRx, Inc.

A 15% restocking fee will apply. Items may not be returned after 15 days.

Updated 05/05/2021