

BEREN Medical Sales & Service

PO Box 2127

Cypress, Texas 77410-2127

Accounting Phone: 713-417-7030

Accounting Fax: 281-379-5554

Credit Card Payment Authorization:

Cardholder Name: _____

Company Name: _____

Billing Address: _____
(of card)

_____ City State Zip

Phone Number: _____

Email Address: _____

Card Type: Visa Mastercard Discover Amex

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____
month year

Authorization code: _____
CVV

We are always happy to accept your check payment. If you need to make this purchase with your credit card, please be aware that we charge a 3% convenience fee to help us offset the cost of fees and requirements that the credit card companies charge us.

Contact: Tish Blakley
Fax #: 281-379-5554
Phone #: 713-417-7030

Visa/Mastercard



A 3-digit number in reverse italics on the **back** of your credit card

American Express



A 4-digit number on the **front**, just above your credit card number

Cardholder Signature: _____ **Date:** _____

I authorize BEREN Medical Sales and Service to keep my card on file for future purchases until further notice. I understand I will receive a receipt of charge from BEREN Medical Sales and Service.

Signature

Date