

1800Endoscope.com LLC
Credit Card Payment Authorization Form

Credit Card here

Photo ID here

Place your credit card and Photo ID in the squares above and make a photocopy of this form. Fill out the information below and fax it to us at ++ 941 761 4613. Click in each box to enter the information requested.

I, _____, authorize *1800Endoscope.com LLC*.

to Charge my Visa Master Card American Express Discover

Credit Card No:	Exp. Date:
CVV2 No: _____	Email:
Credit Card Address:	City:
State: Postal Code:	Country:
Company Name:	Phone Number:
Invoice No:	P.O. No:
Item price	\$
Shipping	\$
Tax	\$
Sub Total	\$
Total	\$
Signature:	Date:

Thank you for your Order! To protect you as well as our Company from fraudulent use of your credit card... We request that you send a photocopy Or Scan of both sides of your card and a photo ID so it is legible, (We must be able to read all information) and fax to ++941 761 4613 or [e-mail](#) it to us along with this form filled out completely!