



985 Harley Strickland Blvd. Suite 100 • Orange City, FL 32763 • 386-774-2440 Fax: 386-774-2441
Shenk Enterprises, L.L.C. DBA Vienna Medical

Credit Card Authorization Form

Customer Name: _____

Card Holder Name: _____

I, _____, hereby authorize Shenk Enterprises, D.B.A. Vienna Medical, to charge my credit card for the amounts invoiced.

This charge is for the following products/services: _____

AMERICAN EXPRESS / DISCOVER / VISA / MasterCard only

Credit Card Number:

Expiration Date: ____ / ____ SEC Code: _____

Credit Card Billing Address:

Street:

City: _____

State: _____

Zip Code: _____

Country: _____

Telephone: () _____

Fax: () _____

(a fax number or email is required)

Email: _____

Cardholder's Signature

Date

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Vienna Medical will keep all information entered on this form strictly confidential.