



CREDIT CARD Authorization Form



SIMS Medical Corp. is allowing payment of invoices via VISA & MasterCard. These methods ensure prompt payment of your account and avoidance of interest charges. If you wish to authorize SIMS Medical Corp. to bill your credit card, please fill out this form and return to us via Fax or Mail. Your credit card will remain on file and will be billed automatically each month for all invoices that are due. A statement will be mailed out to you after each payment for your records.

Please fill this form out in FULL and fax back to 1-866-933-2922*.
**program commences July 2007*

Account #: _____ - _____ Date: _____ / _____ / _____

Company/Customer Name: _____

Address: _____

City: _____ Prov: _____ Postal Code: _____

Phone #: _____ Fax #: _____

Email: _____

Credit Card Type (circle): **VISA** **MASTERCARD**

Credit Card #: _____

Expiry Date: _____ / _____

Card Holder Name: _____

I, _____ (PLEASE PRINT) HEREBY AUTHORIZE SIMS MEDICAL CORP. TO CHARGE THE ABOVE CREDIT CARD FROM TIME TO TIME FOR ALL PURCHASES POSTED TO MY ACCOUNT, MINUS CREDIT MEMOS. THIS AGREEMENT AND ALL THE CHARGES TO MY CREDIT CARD SHALL BE GOVERNED BY THE APPLICABLE PROVINCIAL AND FEDERAL LAWS. I UNDERSTAND AND AGREE THAT ALL DECLINES TO MY CREDIT CARD WILL BE BILLED A NON-REFUNDABLE ADMINISTRATIVE FEE OF \$15.00.

Card Holder Signature: _____

THE NAME ON THE ABOVE CREDIT CARD MUST MATCH THE NAME OF THE PERSON AUTHORIZING ALL CHARGES.