



Discount Mobility Products, INC.  
8256 NW South River Drive, Medley, FL 33166

## Shipping/Credit card Authorization Form

(Form to be filled out by card holder)

### PERSONAL INFORMATION

full name on card: \_\_\_\_\_

contact phone number: \_\_\_\_\_

card address: \_\_\_\_\_

city: \_\_\_\_\_ state: \_\_\_\_\_ zip code: \_\_\_\_\_

country: \_\_\_\_\_

### BILLING INFORMATION

sales amount: \_\_\_\_\_

shipping costs: \_\_\_\_\_

credit card number: \_\_\_\_\_

expiration date: \_\_\_\_\_

last 3 numbers in signers block on back of card (if applicable): \_\_\_\_\_

### SHIPPING INFO (If picking up at a terminal - State "Terminal Pick-UP")

name: \_\_\_\_\_

address: \_\_\_\_\_

city: \_\_\_\_\_ state: \_\_\_\_\_ zip code: \_\_\_\_\_

I \_\_\_\_\_, hereby authorize Discount Mobility Products  
PRINT FULL NAME (FIRST AND LAST)

to charge my credit card number; \_\_\_\_\_ which expires on  
PRINT CREDIT CARD NUMBER AS STATED ON CARD

\_\_\_\_\_ for the amount of \$ \_\_\_\_\_ (stated above)  
PRINT CARD EXPIRATION DATE PRINT COST OF ITEM PURCHASING

for the purchase of (item description): \_\_\_\_\_  
PRINT ITEM NAME OR DESCRIPTION

including shipping.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Please accompany this form with a copy of the credit card used for this purchase (front and back) and send this to Discount Mobility Products, INC. 8256 NW South River Drive, Medley, FL 33166.