



Credit Card Authorization Form Recurring Charges



2320 West 50th Street
Erie, PA 16506
1.814.385.2244

Date:
Company Name:
OSI Customer Number (5-Digit):
Credit Card Type: Visa/Master Card American Express Discover
Credit Card Number: _____ Expiration: _____
CSV/Confirmation Number: _____
Card Holder Name (as shown on credit card):
Card Billing Street Address: _____ _____
Preferred Email Address: _____
Preferred Phone Number: _____
AUTHORIZATION I hereby Authorize Organ Supply Industries, Inc. to charge the indicated credit card at my request for goods and services provided, including, standard catalog products, goods, and services, if necessary, adjustments for any changes to my account. I understand that Organ Supply Industries, Inc will continue to provide me monthly billing statements via U.S. Mail. I agree that if I have any problems or questions regarding my account or any services provided by Organ Supply Industries, Inc. I will contact Organ Supply Industries, Inc. for assistance using the contact information located in their printed catalog or web site www.organsupply.com . I also agree that I will not dispute any charges with my credit card company without first making a good faith effort to remedy the situation directly with Organ Supply Industries Inc. I guarantee and warrant that I am the legal card holder for this credit card and that I am legally authorized to enter into this credit card billing agreement with Organ Supply Industries, Inc.
Signature of Card Holder:
Date Signed:
<i>Organ Supply Industries, Inc. will retain the above information no longer than a period of One (1) year or time of Credit Card Expiration.</i>