



West Coast - Southern Medical Service, Inc.

Ambulance & Wheelchair Transportation Services

934 14th Street West • Bradenton, FL 34205 • (941) 748-7148 • (800) 743-5169 • Fax: (941) 748-8520

Credit Card Authorization Release Form

Credit Card Information (Choose One)



Visa



MasterCard



American Express

Credit Card Account# _____ Exp date: _____

In Hand Security Code (This is the 3 digit number on the back of your card) _____

Billing Information

Name as it appears on the card: _____

Card Owner's Statement/Billing Address: _____
(No PO boxes are acceptable)

City _____ State _____ ZIP _____

Phone Number _____ Fax Number _____
(if applicable)

I _____ (name of card owner) authorize West Coast Southern Medical, Inc. to charge the above credit card for:

Invoice # _____ in the amount of \$ _____ (in United States Currency) and, I absolutely guarantee payment for this transaction made with the credit card account number as identified above. And I am fully aware that my credit card is being charged for this transaction in the amount as indicated above.

Card Owner's Signature _____ Date _____

Print Card Owner's Name _____

Please fax (941.748.8520) or mail this form to our Billing Department for processing,.