



Credit Card Authorization Form Twice-monthly Autopay

CAP will charge the credit card automatically on the closest business day to the 15th and last calendar day of each month. We require an active credit card on file so the current balance can be charged in full on that day. If the credit card is declined we will contact you and you can provide us with an active credit card or pay by check within 10 business days. We accept Visa, MasterCard, and American Express. By signing below, the credit card holder agrees to be personally liable for all debt incurred with Custom Automated Prosthetics, even if the laboratory is incorporated.

Laboratory Name _____

Federal ID # or Tax ID# _____

Telephone # _____ E-mail address _____

Please circle one: Visa MasterCard

Credit card number: _____

Expiration date: _____ Credit card security# (last 3 numbers on back of card): _____

Name as it appears on credit card _____

Billing address _____

City: _____ State _____ Zip: _____

By signing below, I hereby authorize Custom Automated Prosthetics to retain this credit card information for future purchases according to the terms above.

Signature: **X** _____ Date: _____

Please fax the completed form to 781-279-2842

Or mail the form to:

Custom Automated Prosthetics
85 Maple St.
Stoneham, MA 02180