

On Time MedTrans Transportation Service Fax 800-376-0448

Submit this form and include copy of both sides of signed credit card with form.

I, , hereby authorize On Time MedTrans to charge my credit card account in the amount of \$

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover	<input type="checkbox"/> Diners
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Credit Card Number:

Expiration Date: / 3 or 4 digit security code on back of card:

Credit Card Billing Address:	Requested Pick-up Address:
Name on Card: <input type="text"/>	Name: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
City: <input type="text"/>	City: <input type="text"/>
State: <input type="text"/>	State: <input type="text"/>
Zip Code: <input type="text"/>	Zip Code: <input type="text"/>
Contact: <input type="text"/>	Contact: <input type="text"/>
Telephone: (<input type="text"/>) <input type="text"/> - <input type="text"/>	Telephone: (<input type="text"/>) <input type="text"/> - <input type="text"/>

Cardholder's Name: _____

E - Mail _____

X _____

Cardholder's Signature _____ Date _____

Fax completed form and copy of credit card front & back and photo ID to

1-800-376-0448

Instructions

- Complete form.
- Print form and sign cardholder's signature.
- Include photocopy of front and back of signed credit card
- Please set your copier to light setting or image will appear too dark to read.
- Include copy of cardholder's driver's license.

FAX to 800-376-0448