

WORLD ENTERPRISES CREDIT CARD AUTHORIZATION FORM

On Time MedTrans Provider Non-Emergency Medical Services

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

I, , hereby authorize WORLD ENTERPRISES to charge my credit card account in the amount of \$

Visa

MasterCard

American Express

Discover

Diners

Credit Card Number:

Expiration Date: /

3 or 4 digit security code on back of card:

Credit Card Billing Address:

Name on Card:
Address:
City:
State:
Zip Code:
Contact:
Telephone: () -

Requested Pick-up Address:

Name:
Address:
City:
State:
Zip Code:
Contact:
Telephone: () -

Cardholder's Name:

X _____

Cardholder's Signature

Date

Fax completed form and copy of credit card and photo ID to

1-818-392-8276

E-mail : ontimemedtrans@sbcglobal.net

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 818-392-8276**