



Your Medicos S.C.
1300 Busch Parkway
Buffalo Grove, IL 60089
(847) 850-5882

Credit Card Authorization Form

Fax # (847) 850-5892 or Email it to Info@yourmedicos.com

Instructions: This form is to be completed by an authorized credit card holder for the credit card described below. By completing this form, you agree to all the conditions set forth including additional 3% fee (non-swiped transaction) per amount. Thank you.

*Today's Date: _____

*Customer Name: _____ *Charge

(Check One): (please enter only amount, office staff will calculate the 3% fees for you) (you may request to let you know the actual amount. Please communicate with staff @ (847)-850-5882)

Deposit in the account \$ _____ X 0.03 = _____ + _____ = _____
(amount) X (3%) = (Fees) + (amount) = (Total charge)

Payment on account \$ _____ X 0.03 = _____ + _____ = _____
(amount) X (3%) = (Fees) + (amount) = (Total charge)

*Name (As it Appears on Card): _____

Credit Card # _____

*Enter verification # _____ (4 digit # on front of AMEX and 3 digit # on back of VISA/MC/DISCOVER)

*Expiration Date (On Card): _____

Please indicated the type of credit card AMEX VISA MC DISCOVER

Credit Card Billing Address (Where Credit Card Statement Is Sent To):

*Street: _____

*City _____ State: . _____ *ZIP Code _____

I agree to the terms of this authorization form, and give my expressed authorization for Your Medicos S.C. to charge my card for the amount stated above (actual amount + 3%).

Note: 3% fees charged by Merchant Service to our business for non-swipe transactions

*Authorized Card Signature: _____

*Please Print Card Signature Name: _____

***Please include copy of picture ID of credit card holder and signed backside of credit card for signature and address verification purpose. *required**