



Disc Disease Solutions, Inc.

100 Commerce Way, Suite 5, Hackensack, NJ 07601 Tel: (888) 495-7440 Fax: (201) 880-7799

Credit Card Authorization Form

The information below is needed to process your order(s). Please complete the information and have the cardholder sign the form.

DATE
ITEMS
AMOUNT TO BE CHARGED \$
CARD TYPE
CARD NUMBER
EXP. DATE
CARDHOLDER NAME

Please Complete and Sign

I, _____, authorize the use of the credit card above, by Disc Disease Solutions, Inc. for the products listed, including all applicable sales and freight charges.

Cardholder Signature

RETURN FAX: (201) 880-7799