Credit Card Authorization Form

Mobility Research requires that all customers paying with a credit card, complete, sign and date this credit card authorization form giving Mobility Research the authorization to charge your credit card for your purchased merchandise. No orders will be charged or shipped without a signed authorization form on file.
Please fill out this form, then print and return by fax: 480-212-4934 or email: orders@LiteGait.com

COMPANY INFORMATION

Account Name w/Mobility Research	
Customer # (office use only)	Purchase Order #

SERVICE/PARTS INFORMATION (if applicable)

Description of Part

Part No.	Description	Qty.	Amount
		S&H	
		Total	$0.00

CREDIT CARD INFORMATION

☐ Visa ☐ Amex ☐ MC Discover	Credit Card # - - -	Card security ID
Exp. date mm/yy	Amount	
Name on Card		
Billing Address	Invoice Address if different from billing address	

SHIPPING INFORMATION

Facility Name	
Contact Person	
Ship to Address	

Customer understands that all sales are final. See complete terms and conditions at LiteGait.com/terms.html

AUTHORIZATION

Print Name (I am authorized to use this credit card and I fully agree to the terms stated above).

Signature	Date mm/dd/yy

To hide the credit card number, click the button below, then save the form and email it.

Hide

mobility research...

P.O. Box 3141 - Tempe AZ
800.332.9255 / fax 480.212.4934