



## 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](mailto: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

Tax Exempt

ID#: \_\_\_\_\_

Subtotal

Sales Tax (\_\_\_\_)\*

Shipping & Handling

Total

\*Sales tax will be added upon invoicing. For customers with tax exemption, please submit tax exempt certificate or resale ID # with order.

### CREDIT CARD INFORMATION

Visa  Amex

Credit Card #

Card security ID

MasterCard

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Exp. date

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](http://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



**mobility research**

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