

# PEMF Systems, Inc.

Manufacturers of Pulsed Electro-Magnetic Field Therapy Devices

We need written authorization to charge your credit card.

**Instructions:**

- Complete the form by typing in all billing and shipping information in the blanks below, or print the form and complete the blanks legibly with a dark pen.
- For No Charge Warranty Service - enter \$100 under "amount" for standard ground shipment, expedited service will be estimated.
- Repairs and related freight charges will be authorized prior to shipment. Actual freight charges are assessed once carrier has invoiced.
- Print the entire form and sign with the credit card holder's signature on the line indicated.
- Email this completed form to [shawn@shawndreben.com](mailto:shawn@shawndreben.com)

***Credit card charges will appear on your monthly statement under the vendor PEMF Systems, Inc.***

**Credit Card Authorization Form**

I, \_\_\_\_\_  
 Hereby authorize a charge to my credit card in the amount of \$ \_\_\_\_\_  
 Shipping Speed \_\_\_\_\_ (Ground, 2-day, etc.)  
 Visa    MasterCard    Amex    Discover  
 C/Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_ CVC Code: \_\_\_\_\_  
                             MM/YY  
 Billing Address:  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Zip: \_\_\_\_\_  
 Billing Telephone: \_\_\_\_\_  
 Alternate Phone: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_

Shipping Address (if different than billing):  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State/Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Country: (if not US) \_\_\_\_\_

As the credit card holder, I hereby authorize receipt of merchandise at the shipping address above.

\_\_\_\_\_  
 Cardholder's Signature                      Date

**Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by Shawn Dreben & PEMF Systems, Inc.**