



Credit Card Authorization

ULTIMATE DX CORP is authorized to charge the following credit card for the amount of : _____

PLEASE NOTE THERE IS A 3.5% FEE ON ALL CREDIT CARD TRANSACTIONS OVER \$10,000.00

Credit Card: ___ Visa ___ MasterCard ___ American Express ___ Discover

Credit Card Number: _____

Expiration Date: _____ CVC: _____

Name on Card: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____

E-mail for Payment Receipt: _____

I hereby attest that I am authorized to charge this credit card. I have provided this credit card information for payment on supplies and services from Ultimate DX Corp which was satisfactorily received.

Signature: _____ Date: _____

**870 VINE STREET
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