



CREDIT CARD PAYMENT AUTHORIZATION

If you would like to pay by credit card, please provide the information requested:

Charge my payment of: \$ \_\_\_\_\_ to my credit card.

Please Circle One:      VISA      MASTERCARD

CARDHOLDER'S NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Code: \_\_\_\_\_

Address Where Statement is Sent: \_\_\_\_\_

Zip Code: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

\*I hereby authorize Statison Medical to charge my credit card for the *Statison V* system, components and/or services ordered. Payment is due and payable upon order submission, unless otherwise stipulated in writing. In the event of cancellation, there will be a 15% restocking fee (no refund after 30 days from date of shipment and/or after 20 hours of device usage). The buyer acknowledges and accepts the conditions of this contract as set forth in Statison Medical Terms and Conditions (provided to buyer and/or available at [statison.com](http://statison.com)) and acknowledges receipt of a copy of these Terms.