

Credit Card Consent Form

I, _____, authorize the Homosassa Eye Clinic to bill my contact lenses to my credit card, and have the contacts shipped directly to my house or office.

Name: _____

Credit Card Information:

____ M/C ____ VISA ____ DISCOVER

CC#: _____ EXP DATE: _____

Ship to My ____ Home or ____ Business

Address: _____

____ I will either call or place my contact lens order on-line, when needed

Right Eye

Left Eye

____ Number of boxes to order

____ Number of boxes to order

Lenses will be ordered and charged to your credit card. **PLEASE ADVISE US OF ANY ADDRESS CHANGES.** Orders under 4 boxes will require an additional charge for shipping of \$5.95.

SIGNATURE: _____