

Mercy Care Transportation Corporation

Credit Card Payment Agreement

Effective Date: _____ Division: _____

Business Name _____ Customer _____

Contact Name: _____ Email Address: _____

Address: _____ City: _____ State: ____ Zip Code: _____

Work Phone: _____ ext. _____ Other Phone: _____

Credit Card Information

Credit Card Type: Visa MC AE DCISC (circle one)

Cardholder Name: _____ Cardholder Phone Number: _____

Billing Address (address on file with Credit Card Company if different from above)

Credit Card Number: _____ Expiration Date: _____ ccv Number _____

If applicable, maximum amount allowed to charge in one day: \$ _____

My signature below authorizes **Mercy Care Transportation Corporation** to utilize this payment.

Customer/Cardholder

Cardholder

Printed Name _____ Signature _____

DCM Approval _____ VP of Finance approval _____

Verified By _____ Date _____

*We may not always be able to process the exact same day each week due to scheduling conflicts associated with company recognize

I, _____ UNDERSTAND MY CRDIT CARD WILL BE CHARGED IN FULL PRIOR TO THE PICK UP. IF THE PICK UP IS NOT COMPLETED IT WILL BE REFUNDED ONLY IF I CANCEL 2 HOURS AHEAD OF TIME. IF THE PICK UP IS A NO SHOW ON MY PART THE FEE WILL NOT BE REFUNDED.

Please attach a photo of your
Government Issued ID Copy

Please attach and your credit
card Copy

I verify that the attached photos and card are mine.
SIGNATURE _____ DATE ____/____/____