



915 Industrial Way, San Jacinto CA 92582

951-654-2333

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Tiburon Medical Enterprises, Inc. to make a one-time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Tiburon Medical Enterprises, Inc. to charge
(Full name)

my credit card account indicated below for \$ _____, plus 4.5% transaction fee, and prepaid shipping charges if applicable.

Please check one of the following: _____ Plus shipping charges _____ without shipping charges.

Payment is for _____
(Description of goods/services)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

Card Security Code _____

SIGNATURE _____

DATE _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated, plus 4.5% transaction fee and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in this form.