



CREDIT CARD AUTHORIZATION



I, _____, my billing address is: _____

_____, hereby authorize Premier Care Nurses of America, Inc., to charge my credit card for services provided.

- Visa: _____ Exp. Date: _____ Code: _____
 Master Card: _____ Exp. Date: _____ Code: _____
 American Express: _____ Exp. Date: _____ Code: _____
 Discover: _____ Exp. Date: _____ Code: _____

CREDIT CARD CODE: FOR VISA, MASTERCARD, DISCOVER IT IS ON THE BACK
FOR AMEX IT IS ON THE FRONT



Signed: _____ Date/Time _____
(Client Signature)

Signed: _____ Date/Time _____
(Premier Care Nurses of America Inc. Representative)

1.99 % merchant fee is applied as per Visa/MasterCard/Discover (Personal) Card plus 25 cents per transaction.
2.55 % merchant fee is applied as per Visa/MasterCard/Discover (Commercial) Credit Cards plus 29 cents per transaction.
2.99 % merchant is applied as per American Express.

Note: Premier Care Nurses of America does not set any merchant fee. That is part of the merchant company that processes your credit card.

Please e-mail a signed and dated copy to: billing@premiercarenurses.com or fax to 954-708-2041