



American Osteopathic College of Dermatology
P.O. Box 7525 Kirksville, MO 63501
Office: 660-665-2184 800-449-2623 Fax: 660-627-2623

Credit Card Authorization Form

If you wish to pay by credit card, please fill out the following and return to the AOCD. All credit card numbers are destroyed upon successful completion of the transaction.

Today's Date _____ Amount to charge _____

Company Name _____

Invoice or Description of item _____

Name on card _____

Card # _____

Exp. Date _____ Security Code _____

Billing Address _____

Billing City/State/Zip _____

Authorized signature _____

Receipt Requested? _____

Email receipt to _____