

Credit Card Authorization Form

Please fax or mail the completed form to Wendy R. Robinson, MEd, Manager of Academic and Research Programs.

Fax: +1.410.601.0585

-or-

E-mail: wrrobins@lifebridgehealth.org

Address: Wendy R. Robinson, MEd
Rubin Institute for Advanced Orthopedics
Sinai Hospital of Baltimore, Inc.
2401 West Belvedere Avenue
Baltimore, Maryland 21215 USA

Company: _____

Credit Card Type: _____

We accept Visa, MasterCard, and American Express.

Credit Card Number: _____

Expiration Date: _____

SIC (Security) Code: _____

For Visa/MasterCard: This three-digit code can be located on the back of the card at the top right of the signature box.

For American Express: This four-digit code can be located on the front of the card above the last digit of the credit card number.

Name of Cardholder: _____

Billing Address: _____

Signature of Cardholder: _____

E-mail Address of Cardholder: _____

Amount to be charged: \$_____ for the following services/merchandise:

Accounting Department: Apply to 1000-99-256050



Rubin Institute for Advanced Orthopedics

Sinai Hospital of Baltimore, Inc., 2401 West Belvedere Avenue, Baltimore, MD 21215 USA
Phone: 1-410-601-9798 Website: limblength.org