



Data Tec, Inc., PO Box 31576, Des Peres, MO 63131
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Payment Form

Practice Name: _____

Contact Person: _____

Practice Phone: _____ Fax: _____

Comments

When complete please Back Fax to: (636)230-6801

___ MasterCard _____
___ Visa _____ Card Number _____ Security
___ American Express _____ Code

___/___/_____
Expiration Date _____ Street (Where your Charge Card Bill is sent)

_____ Zip Code (Where your Charge Card Bill is sent)

\$ _____
Dollar Amount _____ Charge Card Holder Name

_____ FAX NUMBER
Charge Card Holder Signature _____ Date _____ (636) 230-6801