Data Tec, Inc., PO Box 31576, Des Peres, MO 63131
Voice (636) 256-7401 Fax (636) 230-6801 www.powersoftmd.com

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eScripts Payment Form

Please fill out the information and fax it to us at (636) 230-6801

Practice Name ____

Contact Name ____

Office Phone ________________ Fax ___________________

Number of Prescribers ___

- PLEASE PRINT CLEARLY -

__ MasterCard
__ Visa
__ American Express

______________________________ ________
Card Number Security Code

___/___/_______
Expiration Date

____
Street (Where your Charge Card Bill is sent)

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

$______________
Dollar Amount

____
Print Clearly Charge Card Holder Name

________________________________ _________
Charge Card Holder Signature Date

FAX NUMBER
(636) 230-6801