



MedBASE Solutions Inc.

1730 McPherson Court, Unit # 30
Pickering, Ontario L1W 3E6

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MedBASE Credit Card Payment Form

If you would like to pay your MedBASE invoice by credit card please complete the form below and return by Fax to 416-284-1475 or by postal mail to 1730 McPherson Court, Unit # 30, Pickering, Ontario L1W 3E6

Account Name: _____

Invoice #: _____

Amount Paid: \$_____

Credit Card Type: VISA [☐] Mastercard [☐]

Card #: _____

Expiry Date (mm / yyyy): _____

Confirmation Code (3 digits on back of Card): _____

Name on Credit Card: _____

Postal Code of Credit Card Billing Address: _____

Signature of Card Holder: _____

Please add a comment we can post on our web site:
