



BRILLIANCE IN RADIOLOGY.



**SecureRAD/MiniColo Credit Card Payment Request Form  
For Monthly Recurring Payment**

Last Updated 01/01/2009 Revision A

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**CREDIT CARD TYPE (CHECK THE CARD THAT APPLIES)**

- AMERICAN EXPRESS  
 VISA  
 MASTERCARD

**CREDIT CARD NUMBER:**

\_\_\_\_\_

**NAME ON CREDIT CARD:**

\_\_\_\_\_

**EXPIRATION DATE:**

\_\_\_ / \_\_\_

**SECURITY CODE:**

\_\_\_\_\_

**BILLING ADDRESS FOR CREDIT CARD:**

\_\_\_\_\_

**CITY/STATE/ZIP:**

\_\_\_\_\_

**AMOUNT TO BE PAID – MONTHLY , QUARTERLY OR YEARLY (CIRCLE PREFERENCE)**

\$ \_\_\_\_\_.\_\_\_\_

**SIGNATURE OF CREDIT CARD HOLDER:**

\_\_\_\_\_

*By signing this document, I authorize SecureRAD LLC to bill the credit card provided on this document monthly until the date at which my contract expires. Should the credit card payment not be processed/authorized, SecureRAD LLC reserves the right to terminate service.*

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Contact our billing department at [support@securerad.com](mailto:support@securerad.com)

Fax completed form and copies of credit card and identification card (drivers license, passport, etc) to  
+1 (443) 926-9340