

GOVERNMENT SERVICES RACHAP PAYMENT FORM

ATTACH ORDER FORMS WITH PAYMENT



Life sounds brilliant.

Account #

Date:

Contact Name:

Tel:

Veteran's Name:

Payment details

I authorize up to \$ _____ for the purchase/repair* of: 1 / 2 hearing instrument(s)

and/or accessories: _____

Credit card information

MasterCard Visa American Express

Security Code:

Exp.
Date:

Cardholder name: _____

Cardholder Phone #: _____

Cardholder Address: _____

Signature: _____

Date: _____