HealthTec SOFTWARE, INC. Northwest Atrium ◆ IH-10 West, Suite 235 ◆ San Antonio, Texas 78230 ◆ 210.545.1010 [fax] 210.545.5545

Credit Card Approval Form

I am the cardholder listed below, and I authorize HealthTec Software, Inc. by my signature below, to charge my charge card, the amount listed. I desire to purchase software and associated materials from HealthTec Software, Inc., and agree to our Terms and Conditions set forth in the Agreement. As per this document and signature below, this transaction is NON REFUNDABLE.

Card Holder Name: _____

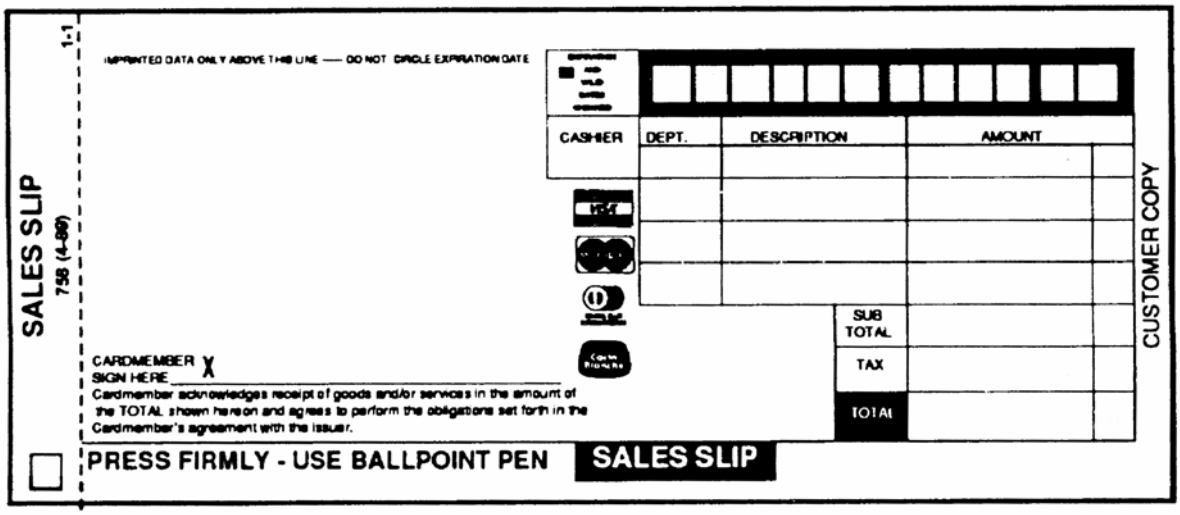
Card Number: _____

Card Expiration Date: _____

Transaction Amount: _____

End-User # _____

Please sign the draft below:



Please Sign and Return by Fax to (210) 545-5545