

## Payment Information

Account Name: \_\_\_\_\_

Payment Method:     Credit Card             Net 30             Check

Tax Exempt:     Yes             No            Tax Exempt Number: \_\_\_\_\_

### Credit Card Information

Card Holder Name: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Billing Telephone #: \_\_\_\_\_

Credit Card Type:     Visa             Mastercard             American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

CSV: \_\_\_\_\_

**Please email directly to NeuroMetrix Customer Service at [customerservice@neurometrix.com](mailto:customerservice@neurometrix.com).  
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to Customer Service.**