



PN SYSTEM

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COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE #: _____ FAX #: _____

AHCA LICENSE # (if applicable): HHA29999 _____ COUNTY: _____

HOURS OF OPERATION: _____ AM - _____ PM ACCREDITATION Company: _____

CONTACT NAME: _____

CONTACT PHONE # (other than company phone): _____

PERSONAL/COMPANY E-MAIL: _____

REFERRED TO OUR COMPANY BY (Name): _____

This required credit card information is for security purpose. It will not be charged unless you are past due with your payment(s).

CREDIT CARD TYPE: _____

CREDIT CARD #: _____

EXPIRATION DATE: ____/____ SECURITY #: _____

BILLING NAME: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

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I comply that all the above information is correct, and understand that providing false credit card information is a Federal offense. I am also in agreement that PN System has the right to charge the credit card listed above if I fail to make payment(s) 31 days after I have received an order. (PN System will keep this information secured in file and this will be regarded as your permanent authorization to charge this credit card)

Print Name: _____ Signature: _____