



Single User Subscription Order Form

Send your completed form including check, purchase order or credit card information to:

Mail: American Hospital Directory
4350 Brownsboro Road, Suite 110
Louisville, KY 40207

Fax : 502-899-7738
(Credit Card and PO orders only)

Type of Order: Single User Subscription \$395.00

User's Name: _____

Company: _____

Mailing Address: _____

Telephone Number: _____ ext: _____

Email Address: _____

User ID: _____ Password: _____

Payment Method:

- Please invoice. My purchase order number is: _____
- A check is enclosed in the amount of \$395.00 (payable to American Hospital Directory, Inc.)
- Credit Card: American Express Discover MasterCard Visa

Card Number: _____

Expiration Date: _____ CVV2 Number*: _____

Signature: _____

Cardholder Name: _____

Billing Address: _____
(if different)

* The CVV2 (Card Verification Value or Cardmember ID) is a three-digit number in the signature space on the back of Visa, Mastercard and Discover cards. The CVV2 number is always the last group of numbers in the signature space on the back. It is a four-digit number on the front of American Express Cards. It is printed flat, not embossed like the card number. Collecting this number ensures that the customer has the card in their possession.