



Daniels Sharpsmart, Inc. d/b/a
Daniels Health
111 W Jackson Blvd Suite 1900
Chicago IL 60604

BILLING INFORMATION (must match credit card address)	
FACILITY NAME:	
ADDRESS:	
CITY/STATE/ZIP:	
PHONE:	
FAX:	
CONTACT:	
E-Mail:	
CREDIT CARD NUMBER:	
EXP DATE:	SECURITY CODE:
CARD HOLDER NAME:	