

## CREDIT CARD AUTHORIZATION FORM

CREDIT CARDHOLDER INFORMATION						
NAME ON CREDIT CARD						
TYPE OF CREDIT CARD		VISA	MC	AMEX	DISCOVER	OTHER
CARD NUMBER						
EXPIRATION DATE <span style="float: right;">CCV</span>						

BILLING ADDRESS					
CITY		STATE		ZIP CODE	
PHONE		EMAIL		FAX NUMBER	

AUTHORIZED USER OF CREDIT CARD	
NAME	
COMPANY	
PHONE NUMBER	
EMAIL ADDRESS	

### AUTHORIZATION OF CARD USE

I certify that I am at least 18 years old and understand that I am legally authorized to use the credit card account number specified above and that all information above is accurate and complete.

I hereby authorize Premier Pharmacy Labs, Inc. to charge the credit card account specified above for products/services rendered. Additionally, I agree to hold Premier Pharmacy Labs completely and fully harmless from and against all claims of any type or nature, whatsoever resulting from any charges made to said credit card account payment and will be billed to the credit card listed above

I certify that when I receive a shipment from Premier Pharmacy Labs, Inc., I will check the contents of my package immediately within 24 hours. We require that you report any missing items, damaged product, or incorrect charges within 24 hours of receiving the package. No exchanges or refunds will be honored unless we are notified within 24 hours, no exceptions.

CARDHOLDER NAME			
SIGNATURE			DATE

