



Please complete, print, and bring to your first appointment.

## Credit Card Authorization

- Please complete and sign Section A OR Section B.

**A** I authorize 'Ci gruu'O gf lelpq"qh'vj g'Rcm 'Dgcej gu'to keep my signature on file and to charge my credit card account, on an ongoing basis for amounts I owe. I understand that this authorization is valid for two years from the below date unless I cancel the authorization through written notice. I also agree to contact the merchant if there are any changes to my credit card account information.

Cardholder Name: \_\_\_\_\_  
FIRST NAME LAST NAME

Cardholder Address: \_\_\_\_\_  
STREET CITY STATE ZIP

If your shipping address is different from your billing address, please enter it here:

Shipping Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Account Number: \_\_\_\_\_  
CARD NUMBER SECURITY CODE EXPIRATION DATE

\_\_\_\_\_ Card Holder Signature \_\_\_\_\_ Date

**OR**

**B** I don't want my signature on file and understand that I will have to provide my complete credit card information every time I make a purchase or reorder my prescriptions.

\_\_\_\_\_ Card Holder Signature \_\_\_\_\_ Date

*Remember, in order to be considered complete, you must fill-out and sign one of the above sections.*

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