

CUSTOMER CREDIT CARD AUTHORIZATION FORM

Benzer Pharmacy accepts all major credit cards for payment of fees. To pay fees using a credit card, simply complete, sign and return this form back to us.

Name of the person or company this payment is being made for: _____

Billing Address: _____ Phone #: _____

City, State, Zip: _____ Email: _____

Account Type (circle one): Visa MasterCard AMEX Discover

Cardholder Name: _____

Account Number: _____ Expiration Date: _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX): _____

SIGNATURE

DATE

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

