

Credit Card Authorization Form

**Cardholder Information**

**Name as it appears on card:**

**Card Type: VISA MC AMEX DISCOVER**

**Account number: CVC#**

**Expiration date: /**

**Address:**

**City, State and Zip:**

**Phone number: ( ) -**

***I certify that I am the authorized signer of the credit card listed above and all information contained herein is complete and accurate. TruLife Pharmacy of Green Cove Springs Florida is authorized to collect payment for all services rendered on this form by processing a charge to the credit card listed above. I understand that if TruLife Pharmacy is unable to obtain approval on the above-mentioned card, TruLife Pharmacy will require an alternate form of payment.***

***Cardholder Signature:***

***Date:***

***THIS AUTHORIZATION IS TO REMAIN IN EFFECT UNTIL EITHER PARTY CANCELS IN WRITING.***