



## Credit Card Authorization Form

**PharmaTrack LLC**

4445 Hwy Ga 40 East STE 304 SAINT MARYS GA 31558

**CARDHOLDERS NAME:** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

**CREDIT CARD BILLING ADDRESS:** \_\_\_\_\_

**MAILING / SHIP TO ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**DRIVER'S LICENSE NUMBER:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**CREDIT CARD NUMBER:** \_\_\_\_\_

**EXP.DATE:** \_\_\_\_\_ **CVV#:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**How Recurring payments work:** \_\_\_\_\_

You authorize regularly scheduled charges to your Credit card. Your account will be drafted on the 5th and the 20th of each month (or the following business day). The billing period for the amount drafted will be from the 1st to the 15th being payable on the 20th and the 15th through months end being drafted on the 5th. You will be sent a statement on the 1st and the 15th for the amount that is due. You agree that no prior notification will be provided unless the payment dates change, in which case you will be notified at least 10 days prior to the next payment being collected.