



INDEPENDENT PHARMACEUTICAL

854 E Crescentville Rd. West Chester, Ohio 45246 Phone: 888-258-5036 Fax: 844-668-8628

Monthly Credit Card Draft Authorization Form

I hereby authorize Independent Pharmaceutical to charge all products ordered to my credit card for every order I place with Independent Pharmaceutical. I also understand that I must notify Independent Pharmaceutical of any changes in credit status, accounts, or addresses.

Method of payment:

MasterCard Visa American Express

Card number: _____ CVV2: _____

Expiration date: _____

Card holder's name: _____

Billing address: _____

Pharmacy name: _____

Account Code: _____

Payment terms: _____

Authorized User's Name (Please Print): _____

Authorized User's Signature: _____