Credit Card Authorization Form

Legal Business Name:

Account Number:

Circle One That Apply: **One Time Use Only** **Auto Charge On Due Date Of Invoice(s)**

Credit Card Type: (Circle One) **VISA** **MASTERCARD** **AMEX**

Credit Card Number: **Expiration Date:**
Security Code on back of card:
Name That Appears On The Card:

Circle One That Apply: **Owner** **Authorized Officer**

Address Associated With Credit Card Being Charged:

I (We) hereby authorize Independent Pharmacy Distributor on the account above to charge the credit card listed above, for the amount of each order. The amount of each charge will be reflected on the invoice received from Independent Pharmacy Distributor (IPD), unless a dispute with respect to such invoice is advised to Independent Pharmacy Distributor, in writing within 3 business days of the receipt of the product(s) from Independent Pharmacy Distributor. This authorization shall continue until the listed credit card (or replacement thereof) expires or until you receive my written notification that this authorization has been cancelled.

Owner or Authorized Officer Signature

X **Date:**

Send Completed document to IPD Accounting at ar@ipdpharma.com