



Credit Card Authorization Form

In order to ensure that orders get processed in a timely manner, please complete this form and return to College Pharmacy via fax (800-556-5893), or email (customerservice@collegepharmacy.com), along with a copy of the front and back of the credit card.

BILLING INFORMATION:

Name on Card: _____

Billing Address: _____

Telephone: _____ Email: _____

Credit Card Type: Visa Mastercard AmEx Discover

Credit Card Number: _____

Expiration Date: _____

Items Purchased: OTC Product(s)
 Compounded Prescription(s)
 Medical Device

Amount to Charge: \$ _____

I authorize College Pharmacy to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder - Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Please send completed form, along with a scan of the front and back of the credit card, and a copy of the cardholder's ID, to us by fax or email

Updated: 03/2017