

CREDIT CARD AUTHORIZATION FORM

Company Name: OHC Pharmacy

Address: 14520 Memorial Dr Ste 22, Houston, TX 77079

Phone: 800-674-4440

Email: Admin@ohcpharmacy.com

Customer Information:

Customer Name: _____

Billing Address: _____

City: _____ **State:** _____ **ZIP Code:** _____

Phone Number: _____

Email Address: _____

Credit Card Information:

Cardholder Name (as shown on card): _____

Card Type (Please check one):

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number: _____

Expiration Date (MM/YY): _____

CVV (Security Code): _____

Authorization Details:

I, the undersigned, authorize **OHC Pharmacy** to charge my credit card for the following:

Amount to be charged: \$ _____

Invoice/Order Number: _____

Description of Services/Products: _____

Authorization:

I, [Cardholder's Name], hereby authorize **OHC Pharmacy** to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank's cardholder agreement.

Cardholder Signature: _____

Date: _____

Terms and Conditions:

- This authorization is for the goods/services described above.
- This authorization will remain in effect until the invoice/order is fully paid or canceled by the customer in writing.
- I certify that I am an authorized user of this credit card and will not dispute the payment with my credit card company as long as the transaction corresponds to the terms indicated in this form.