River City Pharma

Account Name

Account #

Date

Credit Card Authorization Form

Your signature below authorizes River City Pharma to charge the credit card you have provided our company. We will keep your information on file for payment of open invoices on your account, unless other payment arrangements have been made.

Any disputes or changes must be called in to River City Pharma Credit Department prior to placing another order to allow for corrections to be made to your account.

We will also need a copy of the front and back of the credit card you are authorizing.

Credit Card Information:

Card Number | **Expiration Date** | **Validation Code**

Name on Card (Please Print) | **Authorized Signature**

Title | **Date**

Billing Address Line 1

Billing Address Line 2

City | **State** | **Zip Code**

3600 Pharma Way - Mason OH 45036
Accounts Receivable (Ph) 888-408-1632 (Fax) 513-354-2688