



Credit card Authorization Form

Cardholder Information

Name as it appears on card: _____

Card Type: VISA MC AMEX DISCOVER

Account number: _____ CVC# _____

Expiration date: _____ - _____

Address: _____

City, State and Zip: _____

Phone number: (_____) _____ - _____

I certify that I am the authorized signer of the credit card listed above and all information contained herein is complete and accurate. Bioworx Pharmacy of Green Cove Springs Florida is authorized to collect payment for all services rendered on this form by processing a charge to the credit card listed above. I understand that if Bioworx Pharmacy is unable to obtain approval on the above mentioned card, Bioworx Pharmacy will require an alternate form of payment.

Cardholder Signature: _____

Date: _____

**THIS AUTHORIZATION IS TO REMAIN IN EFFECT UNTIL EITHER PARTY
CANCELS IN WRITING.**