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Credit Card Authorization Form

Name:	<input type="text"/>	Date:	<input type="text"/>
Company Name:	<input type="text"/>		
Phone Number:	<input type="text"/>	Fax Number:	<input type="text"/>
Email:	<input type="text"/>		

Cardholder Name:	<input type="text"/>						
Card Type: Mastercard:	<input type="text"/>	Visa:	<input type="text"/>				
Credit Card Number:	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
Card Billing Address:	<input type="text"/>						
	Street Address						
<input type="text"/>							
City	Province			Postal Code			
Expiry Date:	<input type="text"/>						
CVV:	<input type="text"/>						
	(the last three digits on the back)						

RX Compounding Pharmacy is hereby authorized to accept orders from individual/business indicated above, charge the cost this/these order(s) to the credit card account and ship the merchandise as requested. By signing this document, I/we accept full responsibility for these transactions and ensure full payment to RX Compounding Pharmacy. I will inform RX Compounding Pharmacy immediately if use of this card is no longer authorized.

SIGNATURE: _____