



HealthMax Pharmacy  
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## RECURRING CREDIT CARD AUTHORIZATION FORM

I/we, \_\_\_\_\_ Clinic/Practice \_\_\_\_\_ signed below authorize Health Max Pharmacy to charge the below mentioned credit card for product and service orders sent by me/us.

In addition, Health Max Pharmacy is authorized to initiate adjustments in case of incorrect charges, refunds and exchanges.

This permission/authorization is in effect until such a time that we notify Health Max Pharmacy in writing and allow Health Max Pharmacy ample time to act on the change.

The information in this form is private and Health Max Pharmacy will safeguard the form in a secure file cabinet. No unauthorized individuals will have access to this information.

<b>Name on Card</b>	
<b>Billing Address</b>	
<b>Billing City, State, Zip Code</b>	
<b>Contact Phone</b>	
<b>Contact Fax</b>	
<b>Contact Email</b>	

<b>Credit Card Type</b>	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVERY		
<b>Card Number</b>			
<b>Expiration Date</b>	<input type="text"/>	<b>CVV Code</b>	<input type="text"/>
<b>Signature</b>	<input type="text"/>	<b>Date</b>	<input type="text"/>