



VLS Pharmacy, Inc.

4402 - 5th Ave. Brooklyn, New York 11220

P: 718.854.1384

www.vlsparmacy.com

Today's Date _____

To our clients,

For security reasons, we require that you provide us with a credit card to keep on file. We guarantee that no one will ever have access to your credit card information besides our accounting staff at VLS Pharmacy, Inc. This credit card on file requirement is to ensure that your order(s) will be processed and shipped in a timely manner.

By filling out this form, you acknowledge acceptance of the terms of your agreement and all payment processes allowing VLS Pharmacy, Inc. to automatically apply charges for future purchases to the card provided.

REPEAT SALE CREDIT CARD CHARGE AUTHORIZATION FORM

I (we) hereby authorize VLS Pharmacy, Inc to make repeat charges to my card indicated below. If necessary, initiate adjustments for any transactions credited/debited in error or due to a returned order, etc. This authority shall remain in effect until VLS Pharmacy, Inc. is notified by me (us) in writing to cancel it in such time as to afford VLS Pharmacy, Inc. and credit card company a reasonable opportunity to act on it, at which time another card number will be provided to continue ordering from VLS Pharmacy, Inc.

Billing Information

(address for billing correspondence)

Name _____

Business name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Shipping Address (same as billing address)

Name _____

Address _____

City _____ State _____ Zip _____

Credit Card Information

Card number _____

Card type   

CVV code _____ Exp. date _____

Cardholder name _____

Cardholder signature _____

Billing Address for Credit Card

(address on file with credit card company)

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____