



Credit Card Authorization Form

Pharmox LLC

5571-B Hwy 17 N

Kingsland, GA 31548

CARDHOLDERS NAME: _____

COMPANY NAME: _____

CREDIT CARD BILLING ADDRESS: _____

MAILING / SHIP TO ADDRESS: _____

PHONE NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ **STATE:** _____

CREDIT CARD NUMBER: _____

EXP.DATE: _____ **CVV#:** _____

EMAIL ADDRESS: _____

How Recurring payments work:

You authorize regularly scheduled charges to your Credit card. Your account will be drafted on the 5th and the 20th of each month (or the following business day). The billing period for the amount drafted will be from the 1st to the 15th being payable on the 20th and the 15th through months end being drafted on the 5th. You will be sent a statement on the 1st and the 15th for the amount that is due. You agree that no prior notification will be provided unless the payment dates change, in which case you will be notified at least 10 days prior to the next payment being collected.