

Credit Card Payment Authorization Form

Please sign and complete this form to authorize BroadPharm to make a one-time debit to your credit card listed below. Completed form can be sent to **sales@broadpharm.com**

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

Purchase order No. _____

Quote No. _____

Ordered Item Lines _____

Company _____

Billing Address _____

Shipping Address _____

Phone# _____

Email _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Card Number _____

Expiration Date _____

CVV _____

SIGNATURE _____

DATE _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.