

## Credit Card Authorization

American Society for Pharmacy Law  
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To Our Valued Customers:

Visa and MasterCard have recently changed their procedures for processing credit cards over the telephone and by mail. To insure that we are in compliance we must have this receipt signed, authorizing use of your credit card for purchases. We must be able to produce this document when requested by the processor. Your personal, identifiable, information will be kept confidential and stored in a secure environment.

***If you have any questions, please do not hesitate to call us at 217-529-6948***

Thank you for your continued trust and confidence - We appreciate your business

Company Name: \_\_\_\_\_

Company Contact: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, allow the following total balance charged to our credit card:

Authorized Signature: \_\_\_\_\_

Total Charged: \$\_\_\_\_\_ Email (for receipt): \_\_\_\_\_

### Credit Card Information

Card Type (Circle One):



Card Number: \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_

Expiration Date: \_\_/\_\_/\_\_ (MM/YY)

CVV2#: \_\_\_ (last three digits in the signature line on the back of the credit card)

Name (On Card): \_\_\_\_\_

Address (relating to card owner): \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone: \_\_\_\_\_