**CREDIT CARD AUTHORIZATION FORM 2021**

**PLEASE COMPLETE & EMAIL To: olympiarx@yahoo.com**

**I,****, HEREBY AUTHORIZE OLYMPIA PLAZA PHARMACY, INC TO CHARGE MY CREDIT CARD FOR THE EXACT AMOUNT OF $** **.**

**THIS PAYMENT WILL BE APPLIED TOWARD THE PURCHASE OF THE FOLLOWING:**

**Medications -**

**Delivery Fees -**

**OTC (Over The Counter) -**

**Other -**

**\*\*\*Special order items are non-refundable.**

**TYPE OF CARD:**

**MASTERCARD -**

**VISA -**

**AMERICAN EXPRESS -**

**DISCOVER -**

**NAME ON CARD:**

**CREDIT CARD #**

**CIN #** **(3-4 digits on back)**

**EXPIRATION DATE:** **Zip Code:**

# SIGNATURE:       DATE:

BOTH CUSTOMER AND COMPANY AGREE THAT A SIGNED FACSIMILLE IS AS ACCEPTABLE AS ASIGNED ORIGINAL.

**The undersigned hereby declares that the credit information listed above is true, accurate and appears in the name as stated and authorization is hereby given to the above named individuals to use these cards for purchases from Olympia Plaza Pharmacy.**