



Rancho Park Compounding Pharmacy

10587 W Pico Blvd

Los Angeles, CA, 90064

P: 310-475-3040

Credit Card Payment Authorization

You authorized regularly scheduled charges to your Credit Card. You will be charged the amount indicated at the time of your order being placed. A receipt for each payment will be provided to you and the charge will appear on your Credit Card Account Statement. You agree that you will be notified of the cost being charged at the time your order is placed and given a time of pick up or delivery.

I, _____, authorize Rancho Park Compounding Pharmacy to charge my Credit Card below beginning on _____ as needed.

Billing Details

Billing Address: _____ Phone Number: _____

City, State, Zip: _____ Email: _____

Credit Card Information: - Visa - MasterCard - AMEX - Discover

Cardholder's Name - _____

Credit Card Number - _____ - _____ - _____ - _____

Expiration Date - ____/____

Security Code (CVV) - _____

I understand that this authorization will remain in effect until the end of the year. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

SIGNATURE _____

DATE _____

(Cardholder's Signature)