1994-A Kingsley Ave
Orange Park, FL 32073
Laura_Cox@atkinsonpharmacy.com
Laura Cox, Private Accounts Manager
Phone: 904-637-0128

Credit Card Authorization to Charge

By signing below, I hereby authorize Atkinson Pharmacy to charge my credit card for monthly prescription services they provided.

[__] Visa [__] Master Card [__] American Express [   ] Discover

Card Number: ____

Expiration Date: ____/ ____/ ______ Security Code: _____________

Cardholder's Name: ____________________________________

Billing Address: _______________________________________

City: ________________________________ State: _________ Zip: _________

Telephone Number: _______________

____

Cardholder Signature

____

CUSTOMERS NAME