



Credit card authorization form

Company Name _____

Credit Card #	Expiration Date	CWV Code	
Name on Card			
Bill To Address	City	State	Zip
Notes			

I authorize VerityRx to charge my credit card for payment of their product and/or services. If VerityRx is unable to process my payment, I will be responsible for an alternate payment arrangement and any resulting processing fees. By signing this authorization, I acknowledge that I have read and agree to all the above information and warrant all information given is true.

Signature: _____ Date: _____