

Pharmacy RX Solutions

3102 Cherry Palm Drive, Suite 120

Tampa, FL 33619

866-662-0693 – Toll-Free

813-662-2814 – Fax

Credit Card Authorization

Please provide the following information so that Pharmacy RX Solutions may bill your charge card correctly for program consultation fees and prescriptions. Fax to 813-662-2814.

Type of Card:

VISA Mastercard Discover American Express

Card #: _____ Expiration Date: ____/____

CVV2#: _____ (this is the 3 digit number on the signature space on the back of the card)

Name of Cardholder: First: _____ M.I. _____ Last: _____

Cardholder Information:

Billing Address:

Street: _____ Unit Number: _____

City: _____ State: ____ Zip Code: _____

Cardholder daytime phone number: ____ - _____

Cardholder evening phone number: ____ - _____

Patient Shipping Address: Check if same as billing address above.

Street: _____ Unit Number: _____

City: _____ State: ____ Zip Code: _____

By my signature I express my wish to charge this credit card for the program consultation fees and prescriptions.

Signature of Card Holder: _____

Date: _____

