

227 N Rt. 303
Suite 101
Congers, NY 10920



Toll Free Phone: 866-(OAK) 625-9390
Main Office Phone 845-600-1122
Toll Free Fax: 877-824-0702

Authorization for Recurring Credit Card Payment

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN. All information will remain confidential.

Pharmacy Name: _____

Account No: _____

Name on Card: _____

Billing Address: _____

Phone No: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

I authorize Oak Drugs INC to charge my credit card as per invoice payment terms provided.

Cardholder - Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Please complete and FAX: 877-824-0702 OR Email this form to accounting@oakdrugs.com