



## CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_ hereby authorize Lula Pharms to charge the following credit card for any products and/or services purchased.

### Billing Information:

Business Name: \_\_\_\_\_ Cardholder Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

Billing City, State & Zip Code: \_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address for the receipt: \_\_\_\_\_

### Credit Cards:

(Please provide 2 credit cards if possible):

#### Card #1:

Cardholder Name: \_\_\_\_\_ Card Type:  VISA  MasterCard  AMEX

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorized Signature of Cardholder: \_\_\_\_\_ CVV #: \_\_\_\_\_

#### Card #2:

Cardholder Name: \_\_\_\_\_ Card Type:  VISA  MasterCard  AMEX

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorized Signature of Cardholder: \_\_\_\_\_ CVV #: \_\_\_\_\_

#### NOTICE TO CARDHOLDER: (Please read before signing)

*Cardholder agrees that his/her signature on this form constitutes his/her signature on file and becomes the authorization for **Lula Pharms** to charged the identified card for all product and/or services purchased from Lula Pharms.*

***There will be a 3% administrative fee will be added to each invoice requiring credit card processing.  
\* \$100.00 minimum order and thank you for your business.\****