



BALD MOUNTAIN MEDICAL PHARMACY



1375 South Lapeer Road, Suite 103 Lake Orion, MI 48360 Phone 248-814-9814 Fax 248-814-9818

CREDIT CARD AUTHORIZATION

Patient Information

NAME	
_____ CARDHOLDER NAME (if different from above)	
_____ CARD TYPE	
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Other	
_____ CREDIT CARD NUMBER	
_____ EXPIRATION DATE	_____ VERIFICATION NUMBER

Patient/Guardian Consent

I give my consent to allow Bald Mountain Medical Pharmacy to charge the above credit card on a monthly basis for any prescriptions that are ordered on my behalf.

PATIENT NAME - PLEASE PRINT

X

SIGNATURE

DATE