



PLEASE COMPLETE AND FAX TO (561) 354-2744

Credit Card Authorization

- Please complete and sign Section A OR Section B.

A I authorize Nationwide Synergy, Inc to keep my signature on file and to charge my credit card account, on an ongoing basis for amounts I owe. I understand that this authorization is valid for two years from the below date unless I cancel the authorization through written notice. I also agree to contact the merchant if there are any changes to my credit card account information.

Cardholder Name: _____
FIRST NAME LAST NAME

Cardholder Address: _____
STREET CITY STATE ZIP

If your shipping address is different from your billing address, please enter it here:

Shipping Address: _____
STREET CITY STATE ZIP

Account Number: _____
CARD NUMBER SECURITY CODE EXPIRATION DATE

_____ Card Holder Signature _____ Date

OR

B I don't want my signature on file and understand that I will have to provide my complete credit card information every time I make a purchase or reorder my prescriptions.

_____ Card Holder Signature _____ Date

Remember, in order to be considered complete, you must fill-out and sign one of the above sections.