

Urban Pharm Credit Card Authorization Form

Name on card: _____

Type: Visa M/C Discover

Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____

Security Code: _____ Amount: \$ _____ Processing (3%): \$ _____ **TOTAL: \$ _____**

I authorize Urban Pharm, LLC to process my credit card for the TOTAL amount above

Signature: _____

For Address: _____