

## The Medicine Shoppe Pharmacy #398 & Travel Clinic YYC

### BUSINESS INFORMATION (PLEASE WRITE CLEARLY!)

Name of Your Business	
Street Address, City, State, Zip	
Your Business Phone	
Your Primary Email	

### BILLING INFORMATION (PLEASE WRITE CLEARLY!)

Name On Card	
Credit Card Number	
Credit Card Type	<b>Please Circle One :</b> VISA   MC   AMEX   DIS
Credit Card Expiration	
CVV Code	
Card Billing Address City, ST, Zip	
Amount To Charge	
Frequency?	<b>Please Circle One :</b> ONE-TIME   MONTHLY   QUARTERLY   SEMI-ANNUALLY   YEARLY   AS-INVOICED
Cardholder Signature	

**By signing above, you authorize us to charge your credit card for the above amount as per the frequency.**