



## Recurring Payment Authorization Form

### Aditus Pharma Ohio

Aditus Pharma Ohio 8946 Global Way West Chester, Ohio 45069

Hours: Monday-Friday 8am-8pm

Email : [Ap@adituspharma.com](mailto:Ap@adituspharma.com) Phone : 513-513-0226 Fax : 888-927-8129

## Recurring Payment Authorization Form

Schedule your payment to be automatically charged to your Visa, MasterCard or American Express. Just complete and sign this form to get started!

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### Recurring Payments Will Make Your Life Easier:

- It's convenient (saving you time and postage)
- Your payment is always on time (even if you're out of town), eliminating late charges

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### Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit card as **Credit Card Point of Sale**. This means you will be charged the amount indicated on each invoice for every transaction whenever the product is shipped. A receipt for each payment will be emailed to you in the form of a paid invoice by 8pm on the date of the purchase to the email address provided. **You agree that no prior notification will be provided unless the date or amount changes.** All online purchases are charged at the point of sale and are required for all online purchases. **If a credit card becomes invalid the order will be held for 24 hours before it is automatically canceled.**

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Please complete the information below:

Medical Facility or Pharmacy Name:

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Billing Address: (Street, City, State, Zip)

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Phone Number: \_\_\_\_\_ Email (Required):  
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## CREDIT CARD INFORMATION

VISA  MASTERCARD  AMERICAN EXPRESS

BUSINESS CARDHOLDER NAME (as it appears on the Card):  
\_\_\_\_\_

CARD NUMBER:  
\_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

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I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Aditus Pharma Ohio** in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that payment execution on closed business days may cause the withdrawal date from my Credit Card account as soon as the above noted periodic transaction dates (same date of invoice). In the case of a Credit Card being declined for any reason I understand that **Aditus Pharma Ohio** may, at its discretion, apply the charges again. If the charge has not been accepted within 24 hours the account will be put on hold for the transaction. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and I will not dispute these scheduled transactions with my bank or Credit Card Company, so long as the transactions correspond to the terms indicated in this authorization form.

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Print Name \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE:  
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