

Credit Card Authorization

American Society for Pharmacy Law

230 Washington Ave Ext.

Suite 101

Albany, NY 12203

518-313-1710

To Our Valued Customers:

Visa and MasterCard have recently changed their procedures for processing credit cards over the telephone and by mail. To insure that we are in compliance we must have this receipt signed, authorizing use of your credit card for purchases. We must be able to produce this document when requested by the processor. Your personal, identifiable, information will be kept confidential and stored in a secure environment.

If you have any questions, please do not hesitate to email us: administration@aspl.org

Thank you for your continued trust and confidence - We appreciate your business

Company Name: _____

Company Contact: _____

Company Phone Number: _____

I, _____, allow the following total balance charged to our credit card:

Authorized Signature: _____

Total Charged: \$_____ Email (for receipt): _____

Credit Card Information

Card Type (Circle One):



Card Number: ____-____-____-____

Expiration Date: __/__/__ (MM/YY)

CVV2#: ___ (last three digits in the signature line on the back of the credit card)

Name (On Card): _____

Address (relating to card owner): _____

City / State / Zip: _____

Phone: _____