

CREDIT CARD AUTHORIZATION

If you wish to charge your orders to your credit card account, please complete the information below. Please fill out this form completely to assure prompt processing and fax to 877-334-1601 or email to thirdparty@villagepharmacy.com. Please call our Third Party Reproduction Care Center at 877-973-6667 with any questions or concerns.

CARDHOLDER'S INFORMATION

Cardholder's Name as it appears on credit card

Credit Card Billing Address City State Zip

Check One: Visa MasterCard AMEX

Last 4 Digits of Card Number Expiration Date

I certify all information provided to Village Fertility Pharmacy is true and correct and hereby authorize Village Fertility Pharmacy to charge the credit card as specified. I also authorize Village Fertility Pharmacy to charge this credit card in the event they are unable to reach me and additional medication is ordered by the physician for either me or my donor.

Authorized Signature

Date

*The information in this transmission is privileged and confidential.
It is intended only for the use of Village Fertility Pharmacy.*