VISIONBIOPHARMA
Quality Packaging Supply & More

800 795 0850
818 885 4504
sales@visionbiopharma.com

CREDIT CARD AUTHORIZATION FORM

Card holder's Name: _____

Credit Card #: _____

Expiration Date: _____ / _____ CVV: _____

Credit Card #: ☐ Amex ☐ Visa ☐ Mastercard

Billing Address: _____

Contact Phone Number: _____

I, _____, authorize Vision BioPharma to charge to my above credit card for current invoice pertaining to the open order. If the shipping address differs from the billing address, I authorize Vision BioPharma to ship the product to the shipping address. I agree to pay the above total amount according to the credit card issuer agreement. Vision BioPharma will not be responsible for any charge back.

Card holder signature: _____ **Date:** _____

Please email to **sales@visionbiopharma.com** or fax back to vision BioPharma at **818 885 4504** per credit card issuer requirement, vision BioPharma must have this form on file before an order can be charged, released, and shipped.

Vision BioPharma
9540 Cozycroft Ave, Los Angeles, CA 91311
Contact us at 800 795 0850
sales@visionbiopharma.com

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