



Masters Drug Company, Inc. and its Affiliated Companies (collectively referred to as "Masters")

## CREDIT CARD PAYMENT AUTHORIZATION - RECURRING

(Please print in block letters)

V.09-22

Legal Company Name ("Customer"): \_\_\_\_\_ Customer DBA Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Masters Account Number: \_\_\_\_\_

### CUSTOMER AUTHORIZATION FOR CREDIT CARD PAYMENT - RECURRING

#### Credit Card Payment Information

Credit Card Type (Select One)

AMEX

MASTERCARD

VISA

Name on Credit Card: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_  
Expiration Date: (MM/YY) \_\_\_\_\_  
Credit Card Billing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

Customer authorizes Masters Drug Company, Inc., a Delaware Corporation, and its affiliates (collectively "Masters"), to charge the Customer credit card specified above for amounts owed on invoices that are provided to Customer by Masters as they become due. Customer understands that this authorization to charge Customer's credit card shall remain in full force and effect until Masters' Credit Department has received written notice from Customer of its termination in such time and manner as to afford Masters a reasonable opportunity to act upon the notice.

Customer agrees to pay for all purchases, services, fees and other charges incurred by Customer, any employee or other agent (whether acting under authority of the Customer or otherwise) on any account of Customer, including service charges on past due amounts at the highest rate permitted by law (including purchases shipped and/or billed or services provided to a third-party agent on behalf of Customer). Customer agrees to pay all reasonable attorney fees and expenses or costs incurred by Masters in enforcing its rights to collect amounts due from Customer. Without limiting Masters' other legal rights, Masters may exercise a right of set-off against amounts due Customer from Masters. Masters reserves the right, in its sole discretion, to change a payment term (including imposing cash payment upon delivery), to limit total credit and/or to suspend or discontinue the shipment of any orders or the providing of any service, software, support or implementations to Customer if Masters concludes that (I) there has been a material change in the Customer's financial condition or payment performance or (II) Customer has ceased or is likely to cease to meet Masters' credit requirements.

#### AUTHORIZED SIGNATURE

Print Name

Title

Date

(By signing, I represent that I have sufficient authority to execute this application on behalf of the applicant and bind the applicant to the terms hereof)

**IMPORTANT: A separate form must be completed for each credit card.**

➤ Fax completed form back to (972) 446-4424. For any questions call (800) 982-7922. Visit us at MastersRx.com ◀

DO NOT EMAIL THIS FORM. WE CANNOT ACCEPT EMAILED FORMS DUE TO PAYMENT CARD INDUSTRY LAW.

CH-091222