

Recurring Credit Card Payment Authorization

Sign and complete this form to authorize **Dormer Laboratories Inc.** to make **recurring charge** to your credit card listed below.

By signing this form, you give us permission to debit your credit card for the amount specified in your current and future orders. This permission allows **Dormer Laboratories Inc.** to save your credit card information to use for **multiple transactions** related to your orders and does not provide authorization for any additional unrelated debits to your credit card. You will be charged the amount specified in your current order and your future orders. An invoice for each payment will be provided to you. By signing this form, you agree that no prior-notification will be provided when your card is charged as long as you have placed an order (on website or in written) with **Dormer Laboratories Inc.**

I _____ (Cardholder's Full Name) authorize **Dormer Laboratories Inc.**
to charge my credit card account for the amount specified in my current and future orders.

Billing Information

Customer No: _____ Billing Name: _____

Billing Address: _____

City, State/Province, Zip: _____

Phone/Ext: _____ Email: _____

Card Details

Visa MasterCard American Express

Cardholder Name _____

Credit Card Number _____

Expiration Date _____ / _____

CVV _____ Zip Code _____

I authorize **Dormer Laboratories Inc.** to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/shipping I order from **Dormer Laboratories Inc.**, for the amount indicated in my current and future orders, and is valid for **multiple use**. I certify that I am the authorized user of this credit card and that I will not dispute the payments with my credit card company as long as the transactions correspond to the terms indicated in this form.

SIGNATURE _____
(Cardholder's)

DATE _____