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Ready Meds Pharmacy
Renton • Spokane • Lacey • Everett • Vancouver

1412 SW 43RD STREET · Suite 120 · Renton, WA 98057
·Phone (877) 425-MEDS (6337) www.readymedspharmacy.com

Credit Card Authorization Form

Please print and complete all the information below.

Patient's First Name: Patient's Last Name:

Patient's Date of Birth:

Patient's Facility:

Name on Card:

Billing Address:

Billing City:

Billing State:

Billing Zip Code:

Email (optional):

Card Number:

Expiration Date:

CVV:

Type of Card: ☐ VISA ☐ MC ☐ AMEX ☐ DISC

I _____,
authorize Ready Meds Pharmacy to charge my credit card, outlined above, for any balance owed on the monthly statement for the client above. I understand that I will continue to receive monthly statements for my information and review. I acknowledge that Ready Meds Pharmacy will be storing my account on a secure server for billing purposes only.

I understand that upon receiving notification of the client leaving the facility or passing away, Ready Meds Pharmacy will charge any remaining balance on the client's file to close out the account.

I agree to pay the Ready Meds Pharmacy a fee of $40.00 if for any reason I issue a chargeback with my credit card company.

Card Holder Signature:

Card Holder Printed Name:

Date: