



Republic Pharmaceuticals
5840 Interface Dr. Ste. 200
Ann Arbor, MI. 48103
Hours: Monday- Friday 10am-5pm

Email: customerservice@republicpharma.com
Phone: 800-659-6609 ext.101
Fax: 800-671-9980

Recurring Payment Authorization Form

Schedule your payment to be automatically charged to your Visa, MasterCard or American Express. Just complete and sign this form to get started!

Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your credit card as Credit Card Point of Sale. This means you will be charged the amount indicated on each invoice for each transaction whenever the product is shipped. **You agree that no prior-notification will be provided unless the date or amount changes.** Credit Card payments are done at the Point-of-Sale and are required for all online purchases. *If a credit card becomes invalid the order will be held for 48 hours before it is automatically canceled.*

Please complete the information below:

Medical Facility or Pharmacy Name: _____

Billing Address: (Street, City, State, Zip) _____

Phone Number: _____ Email (Required): _____

DEA Number: _____

CREDIT CARD INFORMATION

VISA

MASTERCARD

AMERICAN EXPRESS

BUSINESS CARDHOLDER NAME (as it appears on the Card):

CARD NUMBER: _____

Exp. Date: _____

CVV: _____

Print Name _____

SIGNATURE _____ DATE: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Republic Pharmaceuticals in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that because these are electronic transactions, these funds may be withdrawn from my Credit Card account as soon as the above noted periodic transaction dates (same date of invoice). In the case of a Credit Card being declined for any reason I understand that Republic Pharmaceuticals may at its discretion cancel the pending order if the account has not been updated with a new form of payment within 24 hours of the transaction. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card Company; so long as the transactions correspond to the terms indicated in this authorization form.