



**AUTHORIZATION AGREEMENT
DIRECT AUTOMATIC MONTHLY PAYMENT
VIA CREDIT CARD**

We _____ (CUSTOMER NAME) authorize GLOBAL SOURCE RX, INC. to electronically debit our _____ (CREDIT CARD TYPE) indicated below. We authorize our credit card to be debited the (10th) of each month for the prior month's Statement Balance. There will also be a 1.25% service charge added to the Statement Balance for paying by credit card.

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Billing Address of Card: _____

City: _____ ST: _____ Zip: _____

Email Address (for billing receipts): _____

Specify min-max range of acceptable dollar amounts authorized: _____

I understand that this authorization is to remain in full force and effect until I notify GLOBAL SOURCE RX, INC. in writing at Global Source RX, Inc., (14505 N Hayden Rd, Scottsdale, AZ 85260) that I wish to revoke this authorization. I understand that GLOBAL SOURCE RX, INC. requires at least five (5) days prior notice in order to cancel this authorization.

NAME: _____

DATE: _____ SIGNATURE: _____

Email this form to: accounting@gsrx.com
www.GSRx.com

14505 N Hayden Rd, Suite #101 • Scottsdale, AZ 85260
(800) 833-4779 • 480-748-4545 • 480-748-4546(f)