

## One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Robert B. Scott Ocularists, Ltd.** to make a one-time debit to your credit card listed below.

By signing this form, you give us permission to debit your account for your order at the time of shipment. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

### Please complete the information below:

I, \_\_\_\_\_ authorize **Robert B. Scott Ocularists, Ltd.** to charge my credit card account indicated below for the invoice total when the order is ready to ship. This payment is for your order  called in,  e-mailed or  faxed.

Email Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Account Type:  Visa  MasterCard  AMEX  Discover

Cardholder Name:

Account Number:

Expiration Date:

CVV2 (3-digit number on back of Visa/MC, 4 digits on front of AMEX)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.