



TO PAY BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING INFORMATION IN ITS ENTIRETY

ACCOUNT INFORMATION

In lieu of my credit card imprint, I, \_\_\_\_\_
(Name of Cardholder as it appears on Credit Card)

Hereby authorize Aidarex Pharmaceuticals, LLC to charge my order(s) to the following card:

Form with checkboxes and logos for VISA, MasterCard, AMERICAN EXPRESS, and DEBIT CARD.

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV2: \_\_\_\_\_

BILL TO ADDRESS AS IT APPEARS ON MY CREDIT CARD STATEMENT

Contact: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Email for receipt: \_\_\_\_\_

THIS FORM MUST BE COMPLETED IN FULL AND ALL INFORMATION MUST BE TRUE AND CORRECT IN ORDER FOR PAYMENT TO BE PROCESSED

CARDHOLDER'S AUTHORIZED BILLING AMOUNT: I HEREBY AUTHORIZE AIDAREX PHARMACEUTICALS, LLC TO BILL MY CREDIT CARD FOR CHARGES PERTAINING TO INVOICES SPECIFIC TO MY ACCOUNT.

I WOULD LIKE MY CARD TO BE CHARGED: [ ] UPON ORDER SHIPMENT
[ ] NET 30 TERMS

BY SIGNING THIS FORM I ACKNOWLEDGE AND AGREE TO THESE TERMS AND CONDITIONS. I ALSO AGREE TO WAIVE ANY CHARGE-BACK RIGHTS IN THE EVENT OF A DISPUTE. REQUESTS FOR A REFUND MUST BE SUBMITTED IN WRITING ALONG WITH ALL APPLICABLE ORDER DOCUMENTATION IN ACCORDANCE WITH THE STANDARD POLICIES OF THE COMPANY WHO ISSUED THE CREDIT CARD.

THERE WILL BE A 1.5% PER/MONTH (18% PER ANNUM) CHARGE ON BALANCES 30 DAYS PAST-DUE. IF COLLECTIONS EFFORTS ARE DEEMED NECESSARY, PURCHASER, WILL PAY ALL COSTS FOR COLLECTION, INCLUDING COURT AND ATTORNEY FEES IF APPLICABLE.

I, THE UNDERSIGNED, REPRESENT AND WARRANT THAT I HAVE THE AUTHORITY TO EXECUTE THIS CREDIT AGREEMENT ON BEHALF OF THE BUSINESS IDENTIFIED ABOVE AND THAT I AND THE BUSINESS IDENTIFIED ABOVE WILL BE FULLY RESPONSIBLE TO PAY FOR ALL PRODUCTS SENT TO PURCHASER BY AIDAREX REGARDLESS OF WHO IS USING THAT PRODUCT.

Authorized Signature: \_\_\_\_\_ Title: \_\_\_\_\_
(as it appears on credit card)

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Payer Account Number: \_\_\_\_\_