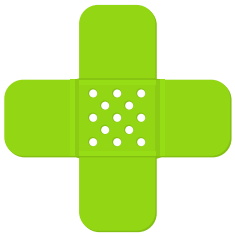

pharm-aid

CREDIT CARD AUTHORIZATION FORM

CARDHOLDER NAME: _____

BILLING ADDRESS: _____

_____

CREDIT CARD TYPE: ___ VISA ___MASTERCARD ___DISCOVER ____AMEX

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

CARD IDENTIFICATION NUMBER (LAST 3 DIGITS LOCATED ON THE BACK OF THE CARD): `_____`

AMOUNT TO CHARGE: $_____ (USD)

EMAIL_____

I AUTHORIZE PHARM-AID TO CHARGE THE AMOUNT LISTED ABOVE TO MY CREDIT CARD PROVIDE HEREIN.

SIGNED:_____

DATE:_____