



CREDIT CARD AUTHORIZATION FORM

The company is pleased to service your healthcare needs. To allow your credit card to be retained on file by your pharmacy, please complete and sign this Credit Card Authorization Form. If you have questions about charges to your account, please contact your pharmacy.

CUSTOMER INFORMATION

Cardholder Agreement Terms

By signing this Credit Card Authorization Form, I agree to be financially responsible for the payment of all prescription and other medications, supplies, and pharmacy service fees including, but not limited to, delivery and administrative fees provided to the Customer. I agree to provide Albertson's with any and all current information regarding prescription insurance coverage or medical assistance programs under which the Customer is eligible. If the Customer's insurance company or medical assistance program does not pay the entire balance of an item, the balance due will be charged to this account. I agree to allow Albertson's to retain a copy of my credit card on file.