

Authorization Form



I _____ AUTHORIZE VWPHARMACY TO

CHARGE MY CREDIT CARD IN THE AMOUNT OF \$ _____ PLUS
SHIPPING*** AND HANDLING FOR THE FOLLOWING ITEMS

NAME _____

ADDRESS *(Shipping Address must match credit card holders address.)*

PHONE _____

CREDIT CARD# _____

EXPIRATION DATE ____/____/____ CARD SECURITY CODE (CSC) ____

CHECK ONE VISA MASTERCARD DISCOVER

DL# _____

SIGNATURE _____

*** All sales are final, there will be a 25% restocking fee on any return once credit card has been charged or authorization has been made. All return must be requested in writing, same procedure as purchase. 30 days warranty, all items excluding glass or electrical parts. No drop shipping allowed.