

# The Medicine Shoppe Crowfoot Compounding Centre

Pre-Authorized Payment Enrollment Form		
Date:		
Business Name:		
Manager Name:		
Address:		
City:	Province:	Postal Code:
Phone:		Fax:
Email Address:		

Select your payment plan:

Pay as you go      Weekly Charge      Monthly Charge      Monthly Invoice

Card type:

VISA                      Mastercard                      Cheque

---

Cardholder name (as it appears on the card)

---

Card #

---

Expiry Date (MM/YY)

CVC#

Authorization for Credit Card Payment Plan:

I authorize the Medicine Shoppe #417 to charge my credit card stated above for the agreed upon purchases. I understand that my information will be saved securely to file for future transactions on my account as stated in the frequency above.

---

Date

Cardholder Signature

The Medicine Shoppe #417, Crowfoot Compounding Centre  
260, 600 Crowfoot Crescent NW, Calgary AB, T3G 0B4  
403.455.0671 | 403.455.0672 | lab@medicineshoppecrowfoot.ca