

**Authorization for credit card processing for
Community Care Pharmacy Inc. (MyEasyDose.ca)**

I, _____, hereby authorize Community Care Pharmacy Inc. to charge my credit card for MyEasyDose® products and services.

Type of Card (Please tick one): VISA: _____ Mastercard: _____

Other (List other card type here): _____

Client Full Name (If different than the cardholder): _____

Today's Date (Authorization date): _____

Full Name of Cardholder: _____

Card Number: _____

Expiry Month: _____ Expiry Year: _____ CVV: _____

Signature of Cardholder: _____

Date: _____

Community Care Pharmacy Inc. (MyEasyDose.ca)

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