



ARL BIO PHARMA, INC.
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Credit Card Authorization Form

I, _____, hereby authorize **ARL BIO PHARMA, INC.** to keep information pertaining to my credit card on file and to debit any purchases I have made automatically unless otherwise requested at the time of purchase. I understand that an invoice marked "PAID" will be mailed or e-mailed to me.

I agree to pay for any additional services I have approved or requested. I acknowledge that I am responsible for any and all outstanding amounts on my ARL Bio Pharma Inc. account if my credit card company declines payment.

Credit Card Information: Visa MasterCard American Express

Card Number:

VID Code: (security code/back of card-/if American Express it is 4 digit code on FRONT of card)

Expiration Date:

Name on Card:

Signature:

Credit Card Billing Address:

Company Name:

Street:

City:

State:

Zip Code:

Country: (if not US)

Telephone:

Email Address:

We value you as a customer and respect the security of your personal information. The information collected here will be used for accounting purposes only. Confidentiality of personal information is important and any information you provide to us will be maintained securely. Access to your information is limited to our employees in the performance of their job and persons authorized by law. You have the right to request access to the personal information in your file, and if necessary, correct any inaccurate information.

Credit Card Information is Accepted via Secure E-mail and Fax. Please Send Emails to accounting@arlok.com

Please Send Faxes to (405) 271-1174 and Notify us at accounting@arlok.com to Ensure Confidentiality.