ARL BIO PHARMA, INC.
840 Research Parkway, Suite 546
Oklahoma City, OK 73104
Ph (405) 271-1144 – Fax (405) 271-1174
www.arlok.com

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 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: _____

NOTICE: Credit card payments will be subject to a surcharge of 2.9% (subject to change).

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.

ARL accepts credit card information via secure email (accounting@arlok.com).