

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

	ess otherwise reque		d on file and to d	by authorize ARL BIO F lebit any purchases I have e. I understand that an in-	e made
	y and all outstanding			quested. I acknowledge the Pharma Inc. account if a	
Credit Card Info	ormation:	Visa	MasterCard	American Express	
Card Number:					
VID Code:	(security code/bac	k of card-	/if American Exp	oress 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:		Coun	atry: (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).

ARL BIO PHARMA INC. CC Authorization: 7/2022