OLSON PHARMACY SERVICES

16246 SE McLoughlin Blvd., Milwaukie, OR 97267
Phone: 503-657-9422 Fax: 503-656-0278
www.olsonpharmacy.com

Charge Card Authorization

I hereby authorize Olson Pharmacy Services to charge my account for the following my transaction(s).

☐ Visa ☐ MasterCard ☐ Discovery ☐ AMEX

☐ Single Statement/On file for future use ☐ Recurring/Auto pay monthly

Account #: _____ Amount: $_____

Patient Name: _____
Last *First*

Please specify if a receipt is requested (mailed or faxed): _____

_____

PLEASE PRINT THE MAILING ADDRESS OR THE FAX NUMBER

Cardholder's Name: _____

Address: _____

City/State/Zip: _____

Card Number: _____

Security Code (V-code): _____ Expiration Date: _____

Cardholder's Signature: _____

Responsible Name: _____ Phone: _____

Office Use Only

Net Amount: _____

Account #: _____

Date processed: _____

Return Address:
Olson Pharmacy Services
16246 SE McLoughlin Blvd
Milwaukie, OR 97267

Return Fax: Phuong Phan
Credit Management
Phone: 503-657-9422 x225
Fax: 503-656-7785
pphuong@olsonpharmacy.com