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Visit our web site at  
[www.AbacusRx.com](http://www.AbacusRx.com)

**One Time Credit Card Payment Authorization Form**

Since our records do not show you as an officer in the business or the credit card is not under the business name, we will need full authorization for the business account you intend to credit. By signing this form you give PayPal (credit card merchant) permission to debit your account on behalf of Abacus Rx, Inc. for the amount indicated on or after the indicated date and the payment will be used to credit the business account provided below. For security reasons, we will not handle the processing of your credit card transaction. This will need to be done by you from your computer by going to our website, which will link you to a secure PayPal session where you can make the payment. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

I \_\_\_\_\_ have or will be making a credit card payment online  
(full name)

via PayPal in the amount of \$ \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(amount) (date)

\_\_\_\_\_  
(description of goods/services)

I further authorize Abacus Rx, Inc. to credit the following business account with the credit card

payment: \_\_\_\_\_ / \_\_\_\_\_  
(Abacus Customer #, if known) (Business Name)

PayPal eMail address: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

<p>Internal use only:</p> <p>Transaction ID: _____</p> <p>Receipt No: _____</p> <p>Date: _____</p>
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