

Wegmans Pharmacy Delivery Service Credit Card Authorization

- This form authorizes the use of a credit card to perform transactions that result in delivery to patients from the store.
- If you wish to fill prescriptions for multiple patients, please fill out multiple forms

Patient Information:

First Name	MI	Last Name	Suffix	Date of Birth (MM/DD/YYYY)
<input type="text"/>				
Permanent Address				Gender: <input type="radio"/> Male <input type="radio"/> Female
<input type="text"/>				
City			State	Zip Code
<input type="text"/>				
Email Address (for shipping notification)				Preferred Phone Number
<input type="text"/>				<input type="text"/> (<input type="text"/>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Check one: <input type="radio"/> Home <input type="radio"/> Cell				

Delivery Information (if different from address above):

RIT Student Health Center

Payment Information:

Credit Card Number	Expiration (MM/YY)	Card Type:		
<input type="text"/>				
<input type="radio"/> American Express® <input type="radio"/> Discover® <input type="radio"/> MasterCard® <input type="radio"/> Visa®				
Card Holder's First Name	MI	Card Holder's Last Name	Suffix	Date of Birth (MM/DD/YY)
<input type="text"/>				
Billing Address				
<input type="text"/>				
City			State	Zip Code
<input type="text"/>				

Please choose **one** of the following options:

- Place the credit card information above on file for recurrent use for **only the patient associated with this order.**
- Place the credit card information above on file for the recurrent use for the **patient associated with this order and future orders for additional patients.** (List additional patients below)

Additional Patients:

First Name	MI	Last Name	Suffix	Date of Birth (MM/DD/YYYY)
<input type="text"/>				
First Name	MI	Last Name	Suffix	Date of Birth (MM/DD/YYYY)
<input type="text"/>				
First Name	MI	Last Name	Suffix	Date of Birth (MM/DD/YYYY)
<input type="text"/>				

By signing below, I authorize Wegmans to charge the credit card identified above for this order and all future orders associated with this patient and additional patient(s) listed above, and that at my verbal request; Wegmans may update my billing address and/or credit card expiration date on file.

Cardholder Signature _____ Date: _____

