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Credit Card Form

CC Billing Information

CC Number: _____ Expiration Date: _____

Card Type: _____ CVC: _____

Name on Card: _____

Address: _____

City: _____ State: _____ Zip: _____

Credit Card Consent

I (we) hereby authorize US Specialty Formulations LLC (THE COMPANY) to initiate charges to the above Credit Card Account (FINANCIAL INSTITUTION), and if necessary, initiate adjustments for any transactions credited/debited in error. The authority will remain in effect until THE COMPANY is notified by me (us) in writing to cancel it in such time as to afford THE COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Authorized Signature: _____

Date: _____

Manufacturing Consent

I (we) hereby request US Specialty Formulations LLC (THE COMPANY) to manufacture the items listed on invoice or contained in a manufacturing contract. I (we) acknowledge that these items are for "Office Use only."

Authorized Physician Signature: _____

Date: _____

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