



1401 S Albert St  
Allentown, PA 18103  
Tel: +1 610-585-9536  
[orderdesk@ussfgmp.com](mailto:orderdesk@ussfgmp.com)

-----  
[www.usspecialtyformulations.com](http://www.usspecialtyformulations.com)

## 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." I understand that all sales are final.

**Authorized Physician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

USSF Confidential