PHARMACY HOME CARE OF EAST TENNESSEE

Medication Management Made Easy For Everyone

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JEFF WOLFENDEN, OWNER/PHARMACIST

I, _____, give Pharmacy Home Care of East TN authorization to keep my credit card information on file and charge prescription co-pays for _____ to the card as needed.

_____ _____

(Signature) Date

VISA MASTERCARD DISCOVER

_____ _____

Credit Card Number Exp. Date

_____ _____

3-Digit Security Code Cardholder Name (as it appears on card)

_____ _____

Contact Name Phone #

_____

Email Address