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One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize getMedOnline.com-Asteria Inc. to make a one time debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

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I _____ authorize getMedOnline.com-Asteria Inc. to charge my credit card account indicated below for _____ on or after _____. This payment is for _____.

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Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

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Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____

DATE _____

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