

BURKE'S MAIN STREET PHARMACY

1101 MAIN STREET

HILTON HEAD ISLAND, SC 29926

Main 843-681-2622 Billing 843-681-2675

Fax 843-970-1779 Email: accounting@burkespharmacy.com

CREDIT APPLICATION

Customer(s) _____

With a delivery address of: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Secondary Billing Address/Contact (Required) c/o _____

Alternate Phone 1: _____

Alternate Phone 2: _____

Email address used for monthly statements (Include an email for a family member, POA or caretaker in addition to a personal email: _____

Emailed statements are preferred. Paper statements will incur a convenience fee after 4/1/2023.

*******ALL FIELDS BELOW ARE REQUIRED TO OPEN OR RETAIN AN ACCOUNT*******

I/we have requested that **BURKE'S MAIN STREET PHARMACY** sell prescriptions, medical and assorted supplies on credit. I/we agree to autopay all invoices with a major credit card and agree to auto bank draft if my card payment fails. I understand if my payments fail and my 30 day balance exceeds \$250 I will not receive additional orders.

I/we agree to remain jointly and severally liable to **BURKE'S MAIN STREET PHARMACY** until payment of all outstanding charges is paid in full. I/we further agree to provide 1 major credit AND a checking account:

CARD NUMBER 1: _____

Circle one: MC Visa Discover American Express Expiration Date _____ CVV _____

Bank/Institution Name: _____ **Zip Code:** _____

Account Number: _____ Routing Number: _____

My signature below authorizes all charges without notice and the enrollment of automatic payment by credit card which will be made sometime within the calendar month, following the statement date, if elected, or if payment fails earlier in the month, or for any due balances at any time. I understand without providing bank account information, I will not be enrolled on a monthly statement program and all charges will be assessed in real time. I acknowledge that Burke's does NOT call or notify card holders or family members of charges in advance.

Signature: _____