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Credit Card Authorization

I, _____ authorize AllergyBeGone.com to charge in the total amount of _____ to my credit for order number _____ on the date of _____.



CVV2 Code: _____

The CVV2 code is used to verify that you have possession of the credit card you are attempting to use, and it is a security feature to protect against online fraud.

Card No: _____ Exp: _____

Name on the card: _____

Bank Phone Number: _____

Name of Credit Card Issuer: _____

Billing Address: _____

Ship to (name & address): _____

Privacy Policy: AllergyBeGone.com does not rent, sell, or share personal information about you with other people or nonaffiliated companies except to provide products or services you've requested, when we have your permission, or under the following circumstances:

- We have a parent's permission to share the information if the purchaser is a child under age 13. Parents have the option of allowing Allergybegone.com to collect and use their child's information without consenting to Allergybegone.com sharing of this information with people and companies who may use this information for their own purposes;
- We respond to subpoenas, court orders, or legal process, or to establish or exercise our legal rights or defend against legal claims;
- We believe it is necessary to share information in order to investigate, prevent, or take action regarding illegal activities, suspected fraud, situations involving potential threats to the physical safety of any person, violations of AllergyBegone.com terms of use, or as otherwise required by law.

Customer Certification: I certify under penalty of perjury that all information provided above was complete before I signed this form and is true and correct. I have reviewed and accept the policies of Allergy Be Gone as stated on their website. I understand Allergybegone.com reserves the right to refuse this order with or without notice due to any misleading information provided. I also realize this form should be sent by **2:00PM (Eastern Time)** in order to have same day shipment.

Authorized Signature: _____ Date _____