

## AutoPay Enrollment - Credit Card Authorization Agreement

Bill To Account #:	<input type="checkbox"/> Set up new Autopay <input type="checkbox"/> Change existing credit card info.
Please email the completed form to: <a href="mailto:Newcustomers@bausch.com">Newcustomers@bausch.com</a> or fax it to 866-366-9783	Bausch +Lomb Inc. 1400 N. Goodman St., Customer Acct Maint. – Area 58 Rochester, NY 14609
<b>VISA, MASTERCARD, &amp; AMERICAN EXPRESS ACCEPTED</b>	
<ul style="list-style-type: none"><li>• By completing this form you are authorizing Bausch + Lomb to charge your credit card for the amount for the ‘Amount Due’ that is listed on the statement.</li><li>• A detailed statement showing the invoices will still be mailed to you.</li><li>• The secondary card (optional) will be used in the event that the primary card cannot be processed.</li></ul>	
<ul style="list-style-type: none"><li>• <b>I, as the cardholder, will be responsible for notifying the Credit Department one month in advance if cancellation of this service is required or if there are any changes to the card information listed below.</b></li></ul>	
<b>Please check the day of month that you would like your payment to be processed:</b> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/> 10 <sup>th</sup> <input type="checkbox"/> 15 <sup>th</sup> (If no date is selected, the 10 <sup>th</sup> will be entered)	
<b>Primary Card</b>	<b>Secondary Card</b>
# _____ - _____ - _____ - _____ Expiration Month/Year _____ / _____ <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex	# _____ - _____ - _____ - _____ Expiration Month/Year _____ / _____ <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Amex
<b>Billing name/address for the credit card:</b>	<b>Billing name/address for the credit card:</b>
Name _____	Name _____
Street Address _____	Street Address _____
City, St, Zip _____	City, St, Zip _____
Phone _____	Phone _____
Email (optional) _____	Email (optional) _____

\_\_\_\_\_  
Cardholder's Name   PLEASE PRINT

\_\_\_\_\_  
Cardholder's Name   PLEASE PRINT

\_\_\_\_\_  
Cardholder Signature (required)   /Date

\_\_\_\_\_  
Cardholder Signature (required)   /Date

**If you have any questions regarding payment options please call us at: 1-800-466-7525**

**We appreciate your business!**