GLOYER'S

Your friendly neighborhood pharmacy with modern technology.

"Compounding with a heart since 1960."

1010 W. Main
Tomball, Texas 77375
(281) 351-5454
Fax (281) 351-7707

PHARMACY SERVICES CREDIT APPLICATION AND CHARGE AGREEMENT

I agree to the following regarding all purchases made on my Gloyer's Pharmacy Inc, Charge Account.

1. I will pay the entire New Balance within 30 days of the Statement Date shown on the monthly billing statement.
2. On balances 30 days or more past due, I agree to pay a SERVICE CHARGE which will be applied to the previous balance after deducting payments and credits appearing on the statement. This SERVICE CHARGE will be computed by a "periodic rate" of 1.5% per month which is an ANNUAL PERCENTAGE RATE OF 18%.
3. I agree in order for the account to remain active, the account must remain current, and I understand that no additional charges will be allowed on this account when it becomes 30 days past due.
4. I authorize Nursing Home personnel to make charges on this account in behalf of the Named Resident.

_____ _____

Guarantor's Signature Date

Name of Resident: _____ Date of Birth: _____

S.S. # _____

Facility: _____

Facility Address: _____

Insurance Card: _____ Group #: _____ ID #: _____

Medicaid #: _____ ☐ MEDICAID PENDING

Private Pay: _____

Guarantor's Name: _____ Home Phone: _____

Guarantor's Email: _____ Work Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

To Pay monthly by credit card, please submit the following information:

Credit Card #: _____ Exp Date: _____

Security Code: _____ Signature: _____