



Credit Card Payment Authorization Agreement

Account # _____

- Set up new Autopay
- Change existing credit card info.

VISA, MASTERCARD, & AMEX ACCEPTED

I, as the Cardholder/s, hereby authorize your Credit Department to charge my monthly statement balance for my Bausch & Lomb account to my primary or secondary credit card according to guidelines listed below.

- This credit card transaction will be processed automatically each month.
- The credit card charge will equal the "AMOUNT DUE" on the statement.

- **Please check the day of month that you would like your payment to be processed:**
 1st, 5th, 10th, 15th

- Secondary credit card will be used in the event that an approval number cannot be obtained for the primary card number.
- **I, as the cardholder, will be responsible for notifying, in writing, the Credit Department one month in advance if cancellation of this service is requested, or if there are any changes to the below card(s) information.**

Primary Card	Secondary Card
# _____ -- _____ -- _____ -- _____	# _____ -- _____ -- _____ -- _____
Expiration Date _____ / _____ mo. yr.	Expiration Date _____ / _____ mo. yr.
<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> Amex
Complete cardholder's name, address and phone number on file with credit card Company	Complete cardholder's name, address and phone number on file with credit card Company
Name _____	Name _____
Street Address _____	Street Address _____
City, State, Zip _____	City, State, Zip _____
Phone _____	Phone _____
Fax _____	Fax _____

Cardholder's Name PLEASE PRINT

Cardholder's Name PLEASE PRINT

Cardholder(s) Signature(s) Required /Date

Cardholder(s) Signature(s) Required /Date

Please return the completed and signed agreement to:

Bausch & Lomb, Inc.
 AmSSC Credit Department, Area 66S
 1400 N. Goodman St.
 Rochester, NY 14609

Or FAX to: (585) 338-8010

Gen Info Contact Autopay