# IDEXX Autopay Program

By signing up for the IDEXX Autopay Program, you agree to authorize IDEXX to automatically charge your credit card accounts for payment of all outstanding IDEXX invoices.

Credit card charges will be reflected as IDEXX Distribution, Inc. on your credit card statement.

## Account Information

**Account Name** _____

**Billing Account Number** _____

**Name of Contact Person** _____

## Credit Card Information

**Card Type** (select one) MasterCard® VISA® American Express®

**Card Number** _____

**Expiration Date** _____

**Back-up Credit Card/Card Type** _____

**Expiration Dates** _____

**Name on Card** _____

By signing this agreement, I hereby authorize IDEXX to store my credit card data in our vendor's secured payment processing systems, to update credit card information as provided by the credit card company, and to automatically charge my credit card accounts on a monthly basis for any and all of the selected product and service balances that are then outstanding. I understand that IDEXX and our vendor have processes in place to protect my credit card data. I understand that it is my responsibility to convey any changes on my account to IDEXX's Customer Care department. In the event that my credit card is declined, I understand that there will be one attempt made to contact me for new information.

**Signature** _____ **Date** _____

**Collection and use of personal information**. IDEXX considers proper processing of personal data to be highly important and has adopted a privacy policy which can be viewed at www.idexx.com

**Please email completed forms to accountsreceivable@idexx.com (or fax to 1-207-536-3441).**

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