

You agree to pay invoices by recurring e-check (or "ACH") debits and/or credit card charges. By completing this form you authorize WellGistics, LLC ("WellGistics") to debit or charge your respective accounts from time-to-time for the payment of your invoices. The amount debited or charged will based upon your orders. You authorize WellGistics to debit or charge your account(s) in the amount invoiced plus applicable interest, collection or such fees. You agree that WellGistics's invoice shall be sufficient notice of a forthcoming debit or charge and that no other prior-notification is required. If for some reason the amount invoiced changes by 20% or more prior to being processed, WellGistics will notify you of the change.

IMPORTANT : Please attach a copy of a voided check

ACCOUNT TYPE CHECKING SAVINGS

ACCOUNT NAME

ACCOUNT NUMBER

TYPE OF CARD: VISA MASTER CARD AMERICAN EXPRESS

CREDIT CARD NUMBER

EXPIRATION DATE

CVV CODE

NAME OF CARDHOLDER

CREDIT CARD BILLING ADDRESS

CITY

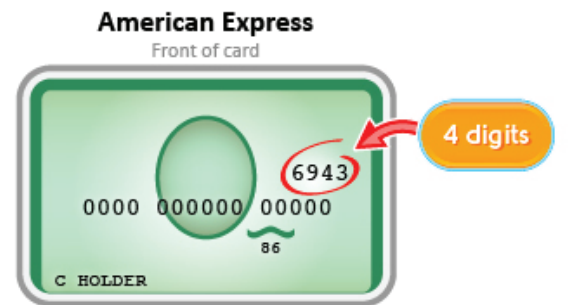
STATE

ZIP

EMAIL ADDRESS

BANK NAME

BANK ROUTING #



You acknowledge and agree that this authorization ("Authorization") shall remain in effect until canceled in writing, which cancellation shall be effective after either all amounts invoiced paid OR new payment information has been provided to and verified by WellGistics. If any change occurs to the financial accounts provided in this Authorization, You agree to notify WellGistics of such change prior to placing a new order and/or immediately upon the change occurring. When payment of an invoice is due on a weekend or holiday, you understand that the payment may not be processed by WellGistics until the next business day. Because this is an electronic transaction, you understand that the debit or charge may occur as early as the due date stated on each invoice. Should any debit or charge attempted by WellGistics be denied for any reason, you understand that WellGistics may, at its discretion, repeatedly attempt to process the payment until payment in full has been completed. You agree to pay a \$50.00 fee for each such attempt that is declined. You agree not to dispute a recurring billing with my bank so long as the transactions are consistent with the terms and conditions of this Authorization and with all other terms and conditions you agreed to in connection with my New Account Application ("Account Application"). The applicable terms and conditions can be found online at <http://www.WellGistics.com/terms-of-sale> ("Terms Page"). All terms and conditions contained on, or linked to through, the Terms Page are incorporated herein by this reference and shall supersede any conflicting terms contained in this Authorization. The Terms Page may be changed at WellGistics's discretion from time-to-time and you agree to check the Terms Page prior to issuing a purchase order. You represent and warrant that you are an agent of the party completing this Authorization and are authorized to execute this Authorization on their behalf. You consent to the foregoing by checking the "Terms and Conditions" box located below, which you agree constitutes a signature on file and authorizes WellGistics to debit or charge the above identified financial account for all product, services and/or invoices provided to you by WellGistics. You agree that 3% administrative fee may be added to each invoice paid by credit card. WellGistics represents that it will take reasonable measures to keep all credit card information confidential and secure.

Signature:

Date: