



# G&E Curbside Pick Up Form

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Product: _____ Brand: _____ Size: _____ Quantity: _____	Product: _____ Brand: _____ Size: _____ Quantity: _____
Product: _____ Brand: _____ Size: _____ Quantity: _____	Product: _____ Brand: _____ Size: _____ Quantity: _____

Curbside pick up requires a MINIMUM of 2 hours advance warning to fill the order.

Day of Pick Up: \_\_\_\_\_ Time of Pick Up: \_\_\_\_\_

How do you prefer to be contacted when your order is ready? Email  Phone

Please fill out BOTH PAGES of this form and send them with a photo of your credit card to [curbside@gepharmacy.com](mailto:curbside@gepharmacy.com)

# Agreement to Apply Purchases to my Credit Card

PLEASE SEND A COPY OF BOTH FRONT AND BACK OF CREDIT CARD.

Card Type:

VISA       MASTERCARD

Card Number: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Expiration: \_\_\_\_\_      CCV (3-digit security code): \_\_\_\_\_

I hereby consent and authorize G & E Pharmacy Ltd. to apply my purchases to my following Charge Card upon my verbal request, without any further authorization from me required, and proof of delivery shall be deemed to be prima facie proof of my request.

This agreement is valid for a single transaction.

Signature of Cardholder: \_\_\_\_\_

Please have your credit card ready AT THE TIME OF PICK UP to verify your information.