

CA LABS  
Credit Card Authorization Form

Card Type:     Visa             MasterCard             American Express

Company Name: \_\_\_\_\_ Invoice#: \_\_\_\_\_

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

Name Listed on Credit Card: \_\_\_\_\_ \*

\_\_\_\_\_

Security Code on back of card: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ \*

Billing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax/ E-mail (for rcpt): \_\_\_\_\_

\*\* CA Labs will include a 2% credit card processing charge for all transactions.

By signing and submitting this authorization form, you authorize CA Labs to charge the credit card account stated above for all outstanding balances owed to CA Labs at the end of each calendar month.

Name/ Title: \_\_\_\_\_ Date: \_\_\_\_\_

(Must be principal, owner, or authorized person)

Signature: \_\_\_\_\_