



CREDIT CARD AUTHORIZATION FORM

Fill out all information below and send this attached to your submission form. Do not email this information to the lab.

CC Holder First Name: _____

CC Holder Last Name: _____

CC Holder Address: _____

Credit Card Number: _ _ _ _ - _ _ _ - _ _ _ - _ _ _ - _ _ _

Expiration (mm/yyyy): _ _ - _ _ _

Credit Card Type: Visa MasterCard

We cannot accept Discover or American Express.

Would you like a receipt? Yes No



email: _____

fax: _____

Signature: _____