



Analyzed Drug Testing

6885 U.S.-181
Kenedy, Texas 78119

Phone: 830-583-9929
Fax: 361-322-0024

www.analyzeddrugtesting.com

CREDIT CARD PAYMENT AUTHORIZATION FORM

Schedule your payment to be automatically charged to your VISA, MASTERCARD, AMERICAN EXPRESS or DISCOVER CARD. Just complete and sign this form to get started!

It's convenient (saving you time and postage).

Your payment is always on time (even if you're out of town), eliminating late charges.

Here's how it works:

You authorize charges to your credit card. You agree that 10 days prior to the payment being collected you will receive an invoice from **Analyzed Drug Testing** with the total amount billed along with a description of charges. After the 10th day, your credit card listed below will be charged for the invoice. A receipt for each payment will be emailed to you and the charge will appear on your bank statement. You may authorize **Analyzed Drug Testing** to charge your credit card at the time of billing without the 10-Day notice.

Please complete the information below:

I, _____, authorize **Analyzed Drug Testing**
(FULL NAME)

to charge card indicated below for services provided:

- after the 10th day of the date of the invoice **OR**
 at the time of billing for payment on my account.

Company Name: _____

Billing Address: _____

City, State, Zip _____ Phone# _____

Email: _____

** Credit Card Information:**

VISA MASTERCARD AMEX DISCOVER

CARDHOLDER NAME: _____

ACCOUNT NUMBER: _____

EXP. DATE: _____ CVV: _____ ZIP CODE: _____

SIGNATURE: _____ DATE: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify **Analyzed Drug Testing** in writing of any changes in my account information or termination of this authorization at least 10 days prior to the next charge date.

If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my credit card company; so long as the transactions correspond to the terms indicated in this authorization form.