

## One (1) Time Credit Card Payment Authorization

Sign and complete this form to authorize **MEA Research Services Inc., LTD** to make a one-time charge to your credit card listed below. Please return signed form to [laskew@mea-research.com](mailto:laskew@mea-research.com).

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

I \_\_\_\_\_, authorize **MEA Research Services Inc., LTD**, to charge my  
(Cardholder's Full Name)

credit card account indicated below for \$ \_\_\_\_\_ on \_\_\_\_\_.  
(Amount \$) (Date)

This payment is for \_\_\_\_\_.  
(Description of Goods/Services)

### Billing Information

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

### Card Details

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Cardholder Name \_\_\_\_\_

Account/CC Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

CVV \_\_\_\_\_

Zip Code \_\_\_\_\_

I authorize **MEA Research Services Inc., LTD** to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

**SIGNATURE** \_\_\_\_\_  
(Cardholder)

**DATE** \_\_\_\_\_

**MEA Research Services, Inc.**

P.O. Box 640209, Beverly Hills, Florida 34464

Telephone: 800-632-0193 Fax: 520-844-6391

[www.mea-research.com](http://www.mea-research.com)