CERCO analytical
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www.cercoanalytical.com

CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel this authorization at any time by contacting us by email or letter. This authorization will remain in effect until cancelled or the card has expired.

Credit Card Information

Card Type: Master Card ☐
Visa ☐
Discover ☐
American Express ☐
Other ☐ _____

Cardholder Name (as shown on card):_____

Cardholder Company Name (as shown on card):_____

Card Number: _____

Expiration Date (mm/yy): _____/_____ Verif. Code Back of Card: _____

Billing Address and Zip Code for Card:_____

_____

_____

I, _____, authorize __CERCO Analytical__ to charge my credit card referenced above for agreed upon invoice(s) purchased. I understand that my information will be saved to file for future transactions on my account. There may be a 3% charge fee added to your purchase.

_____ _____

Customer Signature Date: