



CREDIT CARD AUTHORIZATION FORM

| | | | | | |
|--------------------------------------|-------|----------------|-------|-------|-------|
| Date | _____ | Amount Charged | \$ | _____ | |
| Company Name | _____ | | | | |
| Company Address | _____ | Address 2 | _____ | | |
| City | _____ | State | _____ | Zip | _____ |
| Phone Number | _____ | | | | |
| Invoices To Be Paid | _____ | | | | |
| CREDIT CARD INFORMATION | | | | | |
| Card Type (Visa, MC, Discover, AMEX) | _____ | | | | |
| Card Number | _____ | | | | |
| Expiration Date | _____ | CCV | _____ | | |
| Name as it appears on the card | _____ | | | | |
| Billing Address | _____ | | | | |
| | _____ | | | | |
| Phone Number | _____ | | | | |
| Email for Receipt | _____ | | | | |
| Authorized Signature | _____ | | | | |

Please Email Completed Form To:

Biotrax Testing Laboratory Inc

edward@biotrax.net

You may also pay Online@ www.mybiotrax.com Payment Link on the bottom of the landing page