

CREDIT CARD AUTHORIZATION

CUSTOMER INFORMATION

Name of Business or Individual			Phone		
Contact Name					
Billing Address			Shipping Address (if different)		Fax
City	State	Zip	City	State	Zip
Email Address:					

CREDIT CARD INFORMATION

Cardholder Name	
Card Number	Expiration Date
3 Digit Verification Number (4 if American Express) •	

Card holder authorizes MicroTest Laboratories, Inc., to keep credit card information on file and charge all future costs related to services provided by MicroTest Laboratories, Inc. at the previously agreed upon pricing. This account will be maintained for this use until such time the cardholder notifies MicroTest Laboratories in writing as to the cancellation of this agreement. Any disputes regarding invoices, billing or charges must be submitted to MicroTest in writing for resolution within 30 days of invoice or statement date. Cardholder is responsible for updating credit card information as necessary. All charges are final.

Cardholder Signature

Date