



Innovative Laboratory Solutions, LLC

1815 Purdy Avenue
Miami Beach, FL 33139
800-615-0266

PLEASE RETURN BY EMAIL TO:
carlos@inodetox.com

Credit Card Authorization Form

Please complete all credit card information below to be held on file by ILS.

Name (as it appears on card): _____

Client Name (if different from card): _____

Visa MasterCard Amex Discover

Card No.: _____

Card Exp. Date: ____ / ____

CVC Code: _____

Billing Zip Code: _____

Amount: \$_____

Signature: _____

Do you want ILS to retain this credit card information for future orders in your file?

Yes No

E-mail Address for electronic receipt (optional): _____