



Certified Laboratories, Inc.

Full Service Laboratory – Est. 1926

**CREDIT CARD CHARGE AUTHORIZATION**

I hereby authorize Certified Laboratories, Inc. to process the charge of \$\_\_\_\_\_ immediately upon receipt of this form.

Client Name: \_\_\_\_\_

The credit card I wish to charge is as follows:

Please Circle:            MASTERCARD                            VISA                            AMEX

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name as it Appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_ ZIP CODE (REQUIRED) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Print Name

**For Office Use Only**

CL #(s): \_\_\_\_\_

Invoice #(s): \_\_\_\_\_

Client #: \_\_\_\_\_