



Laboratory | Management | Training

# CREDIT CARD | BILLING AUTHORIZATION

Client Name \_\_\_\_\_ Phone ( ) - \_\_\_\_\_

Name on the Credit Card \_\_\_\_\_ Fax ( ) - \_\_\_\_\_

Credit Card Holder  
E-Mail address \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## PROJECT INFORMATION \_\_\_\_\_

I/We hereby authorize NVL Laboratories, Inc. to charge me/us directly via my credit card for services/supplies provided by NVL Labs.

Please initial one of the following

- This authorization shall remain valid unless / until NVL Laboratories, Inc. is notified in writing of cancellation at least 30 days prior to cancellation or until \_\_\_\_\_
- This authorization shall be valid for single transaction only

Credit Card  VISA  Master Card

Amount Authorized: \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_

Security Code \_\_\_\_\_

Card Holder/Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_