



CREDIT CARD | BILLING AUTHORIZATION

Client Name _____ Phone () - _____

Name on the Credit Card _____ Fax () - _____

Credit Card Holder
E-Mail address _____

Billing Address _____

City _____ State _____ Zip _____

I/We hereby authorize NVL to charge me/us/company name
directly via my credit card for services/supplies provided by

Please initial one of the following

- This authorization shall remain valid unless / until NVL
is notified in writing of cancellation at least 30 days prior to cancellation
or until _____
- This authorization shall be valid for single transaction only
- Authorize NVL to keep this Credit Card listed below, on file to be used
in payment of invoices as they become due

Credit Card VISA Master Card AMEX

Amount Authorized: \$ _____

Credit Card Number _____

Expiration Date ____/____ Security Code _____

Card Holder/Authorized Signature _____

Date _____