



Nelson Laboratories, Inc. CREDIT CARD AUTHORIZATION FORM

Complete and return to Attn: Accounting at Fax: 1-801-290-7998

COMPANY INFORMATION

Company name:

Contact:

Phone:

Email:

CARDHOLDER INFORMATION

Cardholder Name:
(as it appears on card)

Card Type:

VISA Mastercard American Express Discover

Card Number:

Expiration Date (mm/yy):

Security Code:

Billing Address:

City:

State:

ZIP/Postal Code:

USE AUTHORIZATION

Credit Card on File

First-time Testing Only

Apply to Specific Invoice(s):

Apply to all Open Invoices

Other:

Cardholder Signature:

Date:

I certify that I am a person who is authorized to use this credit card.

COMMENTS OR SPECIAL INSTRUCTIONS

CHECK HERE TO REQUEST A COPY OF ALL PAID INVOICES FOR CREDIT CARD RECONCILIATION

DISCLAIMER

By signing this form I authorize Nelson Laboratories to charge the above credit card for the payment of fees and expenses as indicated above and subject to Nelson Laboratories standard terms and conditions. All charges are made in US dollars. Bank or transaction fees are the responsibility of the cardholder. All information is confidential and used for payment of services and fees.

QUESTIONS? Please contact our accounting staff at 801-290-7507 or accounting@nelsonlabs.com

Thank you for testing with Nelson Laboratories, Inc.