



Credit Card Authorization

*****Please check if the following applies:**

_____ *Laboratory Testing Inc. is authorized to use the above card for all future testing/calibration requirements performed by Laboratory Testing Inc.
(Note: terms will be set up as "Credit Card")*

Company Name: _____

Credit Card Type:

Visa Mastercard American Express

Card Number: _____ - _____ - _____ - _____ **Expiration Date:** _____

***Validation Code:** Visa ____ Mastercard ____ Amex _____

***The Validation Code MUST BE INCLUDED for security purposes.**
(Visa & Master Card 3 digits after card # on the back of card.)
(American Express 4 digits on front of card above the card #.)

Cardholder Name: _____

Phone #: _____ **Fax#:** _____

Cardholder billing address:

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Comments: _____

Cardholder Signature: _____ **Title:** _____

Date: _____

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