

# Credit Card Authorization

\*\*\*\* **DO NOT EMAIL THIS FORM** – Please fax the form to –  
1-800-219-9096 or provide the information over the phone to your  
Customer Service Representative\*\*\*\*

\*\*\***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. (Note: terms will be set up as "Credit Card")**

\***Company Name:** \_\_\_\_\_

**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:** \_\_\_\_\_

\***E-Mail receipt & invoice to:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_      **Fax#:** \_\_\_\_\_

\***Cardholder billing address (if different than company billing )**

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_      **State:** \_\_\_\_\_      **Zip:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_      **Title:** \_\_\_\_\_

\***Date:** \_\_\_\_\_      \***Information given to:** \_\_\_\_\_

**Laboratory Testing, Inc.  
2331 Topaz Drive    Hatfield, PA 19440  
Phone: (800)219-9095    Fax: (800)219-9096**