

CREDIT CARD CHARGE AUTHORIZATION

I hereby authorize Certified Laboratories, Inc. to process the charge of \$_____ immediately upon receipt of this form.

By checking the box to the left, I also authorize Certified Laboratories, Inc. to keep this credit card information on file to bill for future testing until credit terms are established or through the date shown here __/__/____.

Client Name: _____

The credit card I wish to charge is as follows:

Please Check: MASTERCARD VISA AMEX

Card #: _____

Exp. Date: _____

Name as it Appears on Card: _____

Billing Address: _____

_____ ZIP CODE (REQUIRED) _____

Signature: _____ Date: _____

Print Name

For Office Use Only

CL #(s): _____

Invoice #(s): _____

Client #: _____

East Coast:
65 Marcus Drive
Melville, NY 11747
800-CERT-LAB
516-576-1400

Southern CA:
6460 Dale Street
Buena Park, CA 90621
888-FOOD-LAB
714-562-8622

Northern CA & CFSC:
3241 Liberty Square Pkwy.
Turlock, CA 95380
866-915-LAB3
209-664-1100

Midwest:
2505 Diehl Road
Aurora, IL 60502
855-CLMW-LAB
630-783-8600