



Analytical Food Laboratories Credit Card Authorization Form

Company Name:	
Contact Name:	
Phone Number:	

Credit Card Type:	
 <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	

Name <small>(As it appears on card):</small>	
Credit Card Number:	
Expiration Date:	
CVV <small>(Code on the back of the card):</small>	
Billing Address:	
City/State/Zip Code:	
Email Address:	

Invoice Number:	
Lab Order Number:	
Amount Authorized:	

**Keep this card on file for
all future charges**

One Time Charge

Authorization of Card Use:

Authorized Signature

Date