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MACS Lab, Inc.

Credit Card Authorization Form

Company name: _____

Company address: _____

Company city: _____ State: ____ Zip: _____

Phone: _____ Email: _____

Cardholder name as it appears on credit card: _____

Cardholder's billing address: _____

City: _____ State: ____ Zip: _____

Credit card number: _____

Expiration date: _____ CVV (3 or 4 digits on the back): _____

For your security, MACS Lab, Inc. does not store credit card information without explicit authorization. Please choose one of the following:

I authorize MACS Lab, Inc. to charge my credit card account one time

in the amount of: _____

I authorize MACS Lab, Inc. to make recurring charges to my credit card account for services and products. I may revoke this authorization with a 30 day written notice to MACS Lab, Inc.

I authorize MACS Lab, Inc. to store my credit card account information. I will verbally authorize specific charges for services and products.

Cardholder signature: _____ Date: _____