



A Creative Joint Venture For Better Environmental Solutions

Credit Card Authorization Form

I Hereby authorize MACS LAB Inc. to charge my credit card for services and products. I may revoke this authorization with a 30 day written notice to MACS LAB. Should my card expire or be declined, I will provide MACS LAB with new credit card information in a timely manner.

Name: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Name as it appears on credit card: _____

Cardholder's Billing Address: _____

Amount to be charged: \$ _____

Credit Card Number: _____

Expiration Date: ____/____ Master Card Visa American Express Discover

Signature: _____ Date: _____

CHECK ONE (for recurring charge customers)

Credit Card is to be used as the primary method of payment.

OR

Credit Card is to be used only as a **BACK-UP** should insufficient funds in my bank account occur at the time of processing.

MACS Lab agrees it will safeguard the above information and only use it for the above noted purpose