

PERFORMANCE LABS

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential.
FAX TO 973-523-4039

Customer Account Number : _____

Cardholder Name: _____

Billing Street Address: _____

City: _____ State: _____ Zip Code: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ American Express

Credit Card Number: _____

Expiration Date: _____ / _____ Security Code: _____

Charge Amount: \$ _____ (USD)

I authorize **PERFORMANCE LABS** to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Sign, Date, and Print Name Below:

Signed: _____

Dated: _____

Name: _____

Please list below invoice numbers to apply payment to:

Payments will be processed within 24 hours of receipt