

PERFORMANCE LABS

Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.
All information will remain confidential. **Fax form 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: _____

I authorize **PERFORMANCE LABS** to keep my card on file and charge my monthly balance 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: _____