

# PERFORMANCE LABS

## Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.  
All information will remain confidential.

**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:**

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Fax form to 973-523-3865  
Payments will be processed within 24 hours of receipt