



Express Toxicology Services

Credit Card Authorization Form

Business Name _____

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

City: _____ State: _____ Postal Code: _____

Email _____

Direct Telephone: (_____) _____ - _____

Please complete all fields. You may cancel this authorization at any time by contacting us (Contact info below).
This authorization will remain in effect until cancelled.

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

CVV Security Code(3 numbers on back of card): _____

I, _____, authorize Express Toxicology Services to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Cardholder Signature X _____ Date ____/____/____