



# Pacific Coast Analytical Services

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15751 Roxford Street Unit F Sylmar CA 91342 [www.pcaslabs.com](http://www.pcaslabs.com)  
Tel.: 818-364-7470 Fax: 818-364-7472

## **CREDIT CARD CHARGE AUTHORIZATION**

**Please e-mail or FAX: 818-364-7472**

I hereby authorize PCAS Labs - Pacific Coast Analytical Services to process the charge of \$ \_\_\_\_\_ immediately upon receipt of this form.

Client Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Project Name: \_\_\_\_\_

Type of Credit Card: \_\_\_\_\_

Card #: \_\_\_\_\_

Exp. Date (mm/yy): \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

Name as it Appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_ ZIP Code (Required) \_\_\_\_\_

Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card, for the services ordered. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you would like this card kept on file for future services initial here \_\_\_\_\_

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### For Office Use Only

W/O #: \_\_\_\_\_ Invoice #: \_\_\_\_\_