



# Pacific Coast Analytical Services

1824 1<sup>st</sup> Street San Fernando, Ca 91340 Telephone: 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: \_\_\_\_\_

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

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

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

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

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 of my credit card becoming invalid, I will provide a valid credit card upon request, to be charged for the payment of any outstanding balances owed.

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

For Office Use Only

Sample ID# \_\_\_\_\_ Invoice #: \_\_\_\_\_