PCAS LABS
Food Safety Analytical Services

# Pacific Coast Analytical Services

1824 1st 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: _____**

**Client Email:_____**

**For Office Use Only**

**Sample ID#_____ Invoice #: _____**