

Credit Card Payment Authorization Form

(Accepted Payment Method: Visa, MasterCard, Discover, American Express)

Card Information				
Account Type:	Visa	MasterCard	Discover	American Express
Cardholder Name:	_____			
Card Number:	_____			
Expiration Date:	____ / ____			
Billing Address Information				
Name:	_____			
Company:	_____			
Address:	_____			
City:	_____			
State/Province:	_____			
Zip Code:	_____			
Country:	_____			
Phone:	_____			
Fax:	_____			
Email:	_____			

By signing below, I _____ authorize **Harrens Lab Inc.** to charge my
Full Name
credit card account for Harrens Lab service.

Signature: _____ **Date:** _____