

## Credit Card Payment Authorization Form

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

<b>Company Name</b>	
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Card Information	
Account Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Card Number:	_____
Cardholder Name:	_____
Expiration Date:	_____/____/_____ CVV: _____
Billing Information	
Name:	_____
Address:	_____
City:	_____
State/Province:	_____
Zip Code:	_____
Country:	_____

By signing below, I \_\_\_\_\_ authorize **Harrens Lab Inc.** to charge my credit card account for Harrens Lab service. I understand my information will be saved to file for future transactions on my account.

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