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# MACS Lab, Inc.

## Credit Card Authorization Form

Company name: \_\_\_\_\_

Company address: \_\_\_\_\_

Company city: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Cardholder name as it appears on credit card: \_\_\_\_\_

Cardholder's billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ CVV (3 or 4 digits on the back): \_\_\_\_\_

For your security, MACS Lab, Inc. does not store credit card information without explicit authorization. Please choose one of the following:

I authorize MACS Lab, Inc. to charge my credit card account one time

in the amount of: \_\_\_\_\_

I authorize MACS Lab, Inc. to make recurring charges to my credit card account for services and products. I may revoke this authorization by giving reasonable notice to MACS Lab, Inc.

I authorize MACS Lab, Inc. to store my credit card account information. I will verbally authorize specific charges for services and products. I understand my work will be delayed until MACS Lab receives my authorization.

Cardholder signature: \_\_\_\_\_ Date: \_\_\_\_\_