

CREDIT CARD BILLING AUTHORIZATION FORM

Credit Card Billing Information		
Company Name:		
Person Authorizing:		
Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card	
Credit Card Number:		
Enter CVC Number:	<i>Last 3 digits from back of the card or 4 digits from the face of the card.</i>	
Expiration Date:		
Billing Address:		
City:		
State/Province:		
Country:		
Postal Code:		
Phone & Fax Number:		Fax:
Email Address:		
Please select one of the following Payment Options:		
<input type="checkbox"/>	Please charge my credit card for the following amount: \$	Initial _____
<input type="checkbox"/>	Please charge my credit card for each project I submit to MBL Inc.	Initial _____
<p>PLEASE READ:</p> <p>Customer agrees that all information provided is complete and correct. Customer also acknowledges that all orders may be immediately terminated or withheld at Mold & Bacteria Consulting Laboratories' discretion if any charges are declined or charge backs are claimed against any outstanding invoices amount. Disputes to amounts should immediately be reported to info@moldbacteria.com.</p> <p>Changes in the status of the card should immediately be reported to info@moldbacteria.com.</p>		

Authorized Signature: _____ **Date:** _____