

1 – 888 - LABMOBILE



(914) 347-4901 Fax
www.claritytesting.com

CREDIT CARD PAYMENT FORM

Please complete the following and fax back to (914) 347-4901

Company Name: _____

Name as it appears
On the Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

_____ VISA _____ Master Card _____ American Express

Credit Card Billing
Address: _____

On behalf of the Company listed above, I hereby authorize *Clarity Testing Services*, to initiate debit entries to my Credit Card indicated above.

The Company understands that invoiced amounts may vary and that any debit authorized herein will be based on invoices issued to the Company by *Clarity Testing Services*. This authorization will remain in effect until *Clarity Testing Services* receives advance written notice from the Company of its termination of this authorization in such time and such manner to afford *Clarity Testing Services* a reasonable opportunity to act upon termination. In the event Company terminates the Credit Card payment agreement before *Clarity Testing Services'* contract for services with Company expires or is properly terminated, Company will remain responsible for payment for all *Clarity Testing's* services, pursuant to the contract terms. Also, *Clarity Testing Services* reserves the right to request Pre-Payment from Company.

In the event that any payment request is denied by a depository or credit agency, *Clarity Testing Services*, shall charge a standard fee of _____ for each such request that is denied and any subsequent late fees. *Clarity Testing Services* reserves the right to increase this fee.

I am authorized to obligate the Company to pay amounts due by means of the Credit Card identified herein:

Name: _____ Signature: _____

Title: _____ Date: _____

Phone# _____ Email: _____

