



**Midwest Microlab
Credit Card Authorization Form**

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled. Additional current rate Credit Card processing fees are associated and will be added to the Invoice.

Associated University / Industry / 3rd Party Name: _____

Associated Lab Group or Sample Submitter: _____

Credit Card Information				
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____			
Card Number:				
Cardholder Name (as shown on card):				
Expiration Date (mm/yy):	CVV Code:	Cardholder Zip Code:		
		(from credit card billing address)		
Invoice Billing Address:				

Paid in Full Receipt: _____ CC: _____
(Email Address)

Phone Number: (_____) _____ Phone Number Ext: _____

I, _____ authorize Midwest Microlab to charge my credit card above for agreed upon purchases with the addition to the current credit card rate processing fee at time of processing for Invoice payment. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date

