

CREDIT CARD AUTHORIZATION FORM**BUSINESS ADDRESS:**

Company Name: _____

Address: _____

City, Province _____

Postal Code _____

Country: _____

Phone No. : _____

Contact Name: _____

GST #: _____

CARDHOLDER BILLING ADDRESS:

(if different from Business Address)

Name: _____

Address: _____

City, Province _____

Postal Code _____

Country: _____

Phone No. : _____

CARD TYPE: __ VISA __ MASTERCARD**CARD NUMBER:** _____**EXPIRATION DATE:**
_____**SECURITY CODE (CVV Number):**
_____**Authorization Agreement**

I hereby authorize Westlab to initiate automatic withdrawal from my account for purchase made.

This authorization applies to:

All purchases unless otherwise noted at the time of purchase

Name: _____

Title: _____ Date: _____

----- (Signature of Cardholder)