



781 East Washington Blvd., Los Angeles, CA 90021  
(213) 745-5312 FAX (213) 745-6372

### Credit Card Authorization Form

I agree to pay the charges per the proposal/invoice by credit card.

Credit Card Info.: (All information must be legible and complete)

Card Type:  MC /  Visa /  American Express (Check one)

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ \*

Security Code: \_\_\_\_\_ \* (3-4 Digits)

Expiration Date: \_\_\_\_\_ \*

Client Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_ \*

\_\_\_\_\_ \*

\_\_\_\_\_ \*

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

#### *Internal Use Only*

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File No. \_\_\_\_\_ Lab No. \_\_\_\_\_ Prj. No. \_\_\_\_\_

Invoice No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

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(\*) | Mandatory Fields – (Billing Address can just have the address number and the zip code)