

# Credit Card Payment Authorization

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The following information is required in order to process credit card payments. Please fill out this form or forward to your accounts payable department. No payments will be charged to the card without first contacting the company representative for same-day verbal authorization.

## Company Representative

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Address2: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

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

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

## Credit Card Information

Visa       Master Card       Other

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

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

Company: \_\_\_\_\_

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

Statement Address: \_\_\_\_\_

Statement Address2: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_

## Authorization

The card holder's signature is required for payment to be processed.

Print Name: \_\_\_\_\_

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

Title: \_\_\_\_\_

3 or 4 digit code on the back: \_\_\_\_\_

Keep on file       One-time use

## Please fax, email or mail the completed form to:

### Wyoming Analytical Labs, Inc

Attn: Jamie Carpenter  
1660 Harrison St  
Laramie, WY 82070

Phone: 307-742-7995  
Fax: 307-721-8956  
accounting@wal-lab.com

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Office Use:

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

Request Number: \_\_\_\_\_

Amount Charged: \_\_\_\_\_