

Credit Card Payment Authorization

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: Accounts Payable
1660 Harrison St
Laramie, WY 82070

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

Office Use:

Date: _____
Request Number: _____
Amount Charged: _____