

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.

A 5% fee will be added to all Credit Card transactions

Company Representative

Company: _____

Contact: _____

Address : _____

Address2: _____

City, ST, Zip: _____

Phone: _____

Fax: _____

Email: _____

Credit Card Information

Visa Master Card

Card Number: _____

Expiration Date: _____

3 or 4 digit code on the back: _____

Company: _____

Name on Card: _____

Statement Address: _____

City, ST, Zip: _____

Authorization

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

Print Name: _____

Signature: _____

Title: _____

Keep on file One-time use

Please email or mail the completed form to:

Wyoming Analytical Labs, Inc.
1660 Harrison St
Laramie, WY 82070

Phone: 307-742-7995
walaccts82070@gmail.com

Office Use:

Date: _____

Request Number: _____

Amount Charged: _____