



## **Credit Card Authorization**

This letter will authorize Torrent Laboratory, Inc., to use the following credit card information for services provided.

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

Cardholder's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**– ALL SALES ARE FINAL –**

Credit Card Type:  MasterCard  Visa  American Express  Discover

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Verification#: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

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

Please complete this form in full and return to us by fax, email, or mail to the following address:

**Torrent Laboratory, Inc.**  
483 Sinclair Frontage Road  
Milpitas, CA 95035  
(408) 263-5258 phone  
(408) 263-8293 fax  
accounting@torrentlab.com