



## **Credit Card Authorization**

I authorize Torrent Laboratory, Inc., to use the following credit card information for all services provided. All sales are final and non-refundable.

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

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

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

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

Phone#: \_\_\_\_\_ EMail: \_\_\_\_\_

Credit Card Type:  MasterCard  Visa  American Express

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

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

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

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

Notes: \_\_\_\_\_

\_\_\_\_\_

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@torrentlaboratory.com