



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: _____ CCV#: _____ Amount: _____

Cardholder's Signature: _____

Date: _____

Notes: _____

A credit card convenience fee of 3% will be added to the invoice total per transaction.

Keep this card on file One time use only

Please complete this form in full and return by email to accounting@torrentlaboratory.com. If you have any questions or need further assistance, you may contact Accounting directly at 408.263.5258 x206.