



# OMIC USA INC.

ANALYTICAL LABORATORY

ISO 17025 ACCREDITED  
EPA GLP COMPLIANT

## CREDIT CARD AUTHORIZATION FORM

I \_\_\_\_\_ hereby authorize OMIC USA Inc. to charge my credit card for analytical  
Print Name  
laboratory services.

COMPANY NAME \_\_\_\_\_

INVOICE # \_\_\_\_\_

AMOUNT \$ \_\_\_\_\_ USD

CREDIT CARD TYPE (check one)      Visa       Mastercard

16-DIGIT CREDIT CARD # \_\_\_\_\_

3-DIGIT CVV2 # \_\_\_\_\_

CARD EXPIRATION DATE \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

\_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_

CARDHOLDER NAME \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Please send a confirmation of this transaction to:

\_\_\_\_\_  
(Your e-mail address or fax #)

NOTES: