



Credit Card Charge Authorization Form

Please complete email to: COVID@complyservices.com

FEIN # _____

Test Number: _____

In lieu of my credit card imprint, I, _____
(Name of Cardholder exactly as shown on Credit Card)

Hereby authorize COMPLIANCE SERVICES, LLC to charge my order to the following credit card

Visa MasterCard American Express

Card Number: _____

Expiration Date: _____

CVV2 Security Code: _____

THE BILLING ADDRESS AS IT APPEARS ON MY CREDIT CARD STATEMENT

Street Address: _____

Address (Con't): _____

City: _____ State: _____ Zip Code: _____

Country: _____ Telephone: _____ Email: _____

CARDHOLDER AUTHORIZED BILLING AMOUNT

Sub-total: \$ _____

Total billed to Card: \$ _____

By signing below and submitting for payment, I acknowledge the acceptance of the Terms and Conditions. I also agree to waive any charge-back rights and in the event of a dispute, requests for a refund must be submitted in writing along with all order documentation in accordance with standard policy of company issuing the credit card.

Signature as it appears on cardholder's credit card: _____

Date: _____

This form must be completed in full and all the information must be true and correct in order for your payment to be processed. If paying by credit card, each test is \$100. Test performed over 10 will be invoiced at \$90
