



## Credit Card Authorization Form

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

Cardholder's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Cardholder's E-mail: \_\_\_\_\_

Ship To: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Ship To E-mail: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Reference/P.O. # \_\_\_\_\_

Credit Card Type  
(circle one):      VISA                              MasterCard                              American Express

Credit Card Number: \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_  
(3-digit for Visa & Mastercard; 4-digit for American Express)

Amount of Charge      \$ \_\_\_\_\_  
in US Dollars (USD\$)

I authorize PSSC Labs to charge the agreed amount listed above to my credit card provided herein.  
I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Email transaction receipt to: \_\_\_\_\_

Cardholder, please print name, sign and date below:

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

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

Once signed, return the completed form to:

FAX (949) 380-9788 (Preferred)  
EMAIL [4sales@pssclabs.com](mailto:4sales@pssclabs.com)