



3400 Lakeside Dr. Suite 515  
Miramar, FL. 33027



Cert: 5889.01 PAT ID: 281926

## Credit Card Authorization Form

Please complete all fields, You may cancel this authorization at any time by contacting us. This authorization will remain in effect until canceled.

Credit Card Information				
Card Type:	<input type="checkbox"/> Master Card	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
<input type="checkbox"/> Other				
Cardholder Name (as shown on card):				
Card Number:				
Expiration Date (mm/yy):				

Cardholder ZIP Code (from credit card billing address):

I, \_\_\_\_\_ authorize NexLab Environmental to charge my credit card above for the agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

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