



Credit Card Payment Authorization Form

Sign and complete this form to authorize **Green Country Testing, Inc.** to make a debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **Green Country Testing, Inc.** to charge my credit card
(full name)
account indicated below for _____ on or after _____.
(amount) (date)

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Account Type: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX
Cardholder Name _____		
Account Number _____		
Expiration Date _____	Billing Zip Code _____	
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____		

Invoice Number _____	Amount _____
Invoice Number _____	Amount _____
Invoice Number _____	Amount _____
Invoice Number _____	Amount _____
Invoice Number _____	Amount _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form. There may be a 3% late fee included for all late payments.