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**AUTOMATIC PAYMENT BY CREDIT CARD
AUTHORIZATION FORM**

Please complete this Automatic Payment by Credit Card Authorization Form. Fax the completed form to Leslie Wolfe at 281-930-8532 or via e-mail, officemanager@expertox.com.

Please check the type of card that you wish to authorize for transactions:

Visa _____ MasterCard _____ Discover _____ Amex _____

Name on Credit Card: _____

Credit Card No.: _____ Exp. Date: _____

3 or 4 Digit Security No.: _____

Billing Address of Credit Card Holder (including City, State, and Zip Code):

Phone No. of Credit Card Holder: _____

I authorize this information to be kept on file by ExperTox for future use. Yes _____ No _____

I authorize ExperTox to automatically charge my credit card for all purchases of services and/or products purchased from Expertox each invoice period. If ExperTox is unable to process my payment, I will be responsible for an alternate payment arrangement and any late fee and/or finance charges which result. I understand that ExperTox may, at its option, decline performing additional testing services on my behalf until any overdue or unpaid account balance is paid in full.

You may cancel this automatic billing authorization or change credit cards by contacting us. It is your responsibility to maintain valid credit card information on file with ExperTox.

By signing this Authorization, I acknowledge that I have read and agree to all of the above. All information given is complete and accurate. I further acknowledge that all services rendered are non-refundable once testing/consulting has commenced.

Signature of Card Holder: _____ Date: _____

Printed Name of Card Holder: _____

Company Name: _____ Account # _____

Billing E-Mail Address: _____

Administrative E-Mail Address: _____