



CAL

Central Analytical Laboratories

2315 N. Causeway Blvd., Suite 150, Metairie, LA 70001
(504) 297-3400 Toll Free: (866) 388-3400 Fax: (504) 297-3410

CREDIT CARD PAYMENT REQUEST

Date: \_\_\_\_\_ Customer #: \_\_\_\_\_

To: Accounts Receivable From: \_\_\_\_\_

Total # of pages: \_\_\_\_\_ Company: \_\_\_\_\_

Fax #: \_\_\_\_\_

VISA, Master Card, Discover and American Express payments accepted. Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Do you need a copy of the receipt? \_\_\_\_\_

If yes, please check the box to specify how you would like to receive it: Fax [ ] Email [ ] Mail [ ]

CREDIT CARD INFORMATION

Credit Card #: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

[ ] Please check here if you would like your credit card billed monthly.

Please specify below what invoices are to be charged.

Table with 2 columns: Invoice Number, Amount of Invoice. Includes a Total Amount Authorized to Charge row.

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