



Credit Card Authorization Form

I hereby authorize Analytical Resource Laboratories, LLC to maintain on file and charge my credit card for services rendered for each billing cycle.

Authorizing Name: _____

Authorizing Signature: _____

Date: _____

Billing Information

Cardholder Name: _____

Signature: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Credit Card Type: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

Credit Card Number: _____ - _____ - _____

Expiration Date: _____ CVV (located on back of Visa, MC, Discover, or on the front of American Express): _____

Return authorization to:
Analytical Resource Laboratories
c/o Accounts Payable
520 S 850 E,
Suite B3
Lehi, UT 84043
ph/fax: 801-847-7722