

# PRECISION PETROLEUM LABS, INC.

5915 Star Lane Houston, TX 77057

Ph. 713-680-9425 Fax: 713-680-9564 Website: precisionlabs.org

## Credit Card Payment Authorization

Sign and complete this form to authorize **Precision Petroleum Labs, Inc** to make a one time 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.

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### Please complete the information below:

I \_\_\_\_\_ authorize **Precision Petroleum Labs, Inc** to charge my credit card  
(full name)

account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(amount) (date)

\_\_\_\_\_  
(description of goods/services)

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State \_\_\_\_\_

Zip \_\_\_\_\_

Account Type:  Visa  MasterCard  AMEX  Discover

Company Name: \_\_\_\_\_

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

Account Number \_\_\_\_\_

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

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

To keep this card on file please check box

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, and is valid for one time use 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 under any circumstance.

**\*PLEASE INCLUDE A COPY OF THE FRONT AND BACK OF CREDIT CARD, THE BACK OF THE CARD MUST BE SIGNED.**

Please email [Rachel.g@precisionlabs.org](mailto:Rachel.g@precisionlabs.org) or Fax: 713-680-9564