



AGT Labs, Inc.

INDUSTRIAL HYGIENE

CREDIT CARD AUTHORIZATION

TO ALL PERSONS, I, _____

PLEASE PRINT NAME

AUTHORIZE THE FOLLOWING PERSON (S): AGT Labs. (dba AGT Labs, Inc.),

to use my credit card for any and all invoices inquired by me for testing and equipment rental, or only invoice # (s)

_____, _____, _____, _____, _____, _____, _____.

Card Type:

☐ AM EXP ☐ DIS ☐ MC ☐ VISA

Card No. _____

Expiration Date: _____

Card Code (Discover, M/C & Visa 3 #'s on back) (Am Exp 4#'s on front)

Name on Card: _____

PLEASE PRINT

Company Name: _____

Card Billing Address _____

Phone: _____

SIGNATURE: _____

DATE: _____

Keep credit card information on file ☐ Yes ☐ No

Circle one:

☐ Call before charging Or ☐ Process without notice

Email for receipt: _____