



## CREDIT CARD AUTHORIZATION

TO ALL PERSONS, I, \_\_\_\_\_  
PLEASE PRINT NAME

AUTHORIZE THE FOLLOWING PERSON (S): AGT Food Labs.(dbaAGTLabs,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

Check one:

Call before charging \_\_\_\_\_ Or \_\_\_\_\_ Process without notice

Email for receipt: \_\_\_\_\_