



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: _____