



Micro Quality Labs, Inc.

Specializing in Pharmaceutical, Dietary Supplements, Toys and Cosmetic Testing

3120 N. Clybourn Ave. • Burbank, California 91505

(818) 565-0070 • Fax: (818) 565-0027

CREDIT CARD PAYMENT FORM

Company
Name: _____

Invoice Number	Description	Issue Date	Amount
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Charge:			\$ _____

MasterCard Visa

Credit Card Number: _____

Expiration Date: _____

VIN#: _____ (Last 3 digits on back of card)

Cardholder Name: _____

Card Holder Address: _____

City

State

Zip

Telephone Number

Signature _____

Date _____

I herewith authorize Micro Quality Labs, Inc. to charge my above listed Credit Card (select one option)

One Time

On A Monthly Basis

Other (Specify) _____

Please fax the completed form to Attn. Accounting FAX: (818) 565-0027

If you need more information, please contact Arianna at (818) 565-0070, or via e-mail at arianna@microqualitylabs.com

For MQL USE ONLY:

Submitted by: _____

Date: _____