



**ANALYTICAL CONSULTING SERVICES, INC.**

16203 Park Row, Suite 100 • Houston, Texas 77084  
(281) 579-8822 • Fax (281) 579-9663  
www.acslabs.com

### **Credit Card Authorization**

Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

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

I would like to pay for Invoice # \_\_\_\_\_  
in the amount of \$ \_\_\_\_\_ with my MasterCard, Visa, or Discover card. I  
understand that upon receipt, ACS Labs will charge this amount to my credit card.

I authorize ACS Labs to charge the credit card indicated below. This authorization will remain  
valid until I revoke it in writing.

Please fax the completed form to **281-579-9663**.

### **Credit Card Information**

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

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_