

CREDIT CARD AUTHORIZATION

CUSTOMER INFORMATION

| | | |
|--------------------------------|---------------------------------|-------|
| Name of Business or Individual | | Phone |
| Contact Name | | |
| Billing Address | Shipping Address (if different) | Fax |
| City State Zip | City State Zip | |
| Email Address: | | |

CREDIT CARD INFORMATION

| | |
|--|-----------------|
| Cardholder Name Address | |
| Card Number | Expiration Date |
| 3 Digit Verification Number for Visa and Mastercard only (located on back of credit card) | |

Please Check One:



Cardholder acknowledges receipt of goods and/or services as contracted with QuanTEM Laboratories, LLC. Oklahoma City, Oklahoma. This account will be maintained for this use until such time the cardholder notifies QuanTEM Laboratories in writing as to the cancellation of this agreement. All charges are final after 60 days

Date

Cardholder Signature

Return To: QuanTEM Laboratories, Inc. 800.822.1650
2033 Heritage Park Drive 405.755.7272
Oklahoma City, OK 73120 405.755.2058 Fax

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