

# 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	Billing Zip Code

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

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return To:**      **QuanTEM Laboratories, Inc.**      **800.822.1650**  
2033 Heritage Park Drive      **405.755.7272**  
Oklahoma City, OK 73120  
**accounting@quantem.com**

