



Credit Card Payment Authorization Form

Complete this form and mail it back to authorize GAAS Corporation to process payments using your credit card listed below.

Cardholder Name: _____

Credit Card Billing Address: _____

City, State, Zip: _____

Card Type: Visa MasterCard AMEX Discover

Card Number: _____

Expiration Date: _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX): _____

SIGNATURE _____

DATE _____

The signature above is that of the authentic cardholder and the intent of this form is to secure payment due GAAS Corporation for analytical services.

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