



## Credit Card Payment Authorization Form

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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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