



**Credit Card Authorization Form**

**Please Send To:**

AIH Laboratory, Inc  
2556 W Woodland Dr  
Anaheim, CA 92801

**Or Email: [frontdesk@aihlab.com](mailto:frontdesk@aihlab.com)**

**Phone:** 562-860-2201  
**Fax:** 562-860-2202

<b>Client Name:</b>		<b>Client Address:</b>	
<b>Name on Credit Card:</b>			
<b>Phone Number:</b>			
<b>Project Information:</b>		<b>Email Address:</b>	
<b>Billing Address:</b>			

I/We hereby authorize AIH Laboratory, Inc to charge me/ us directly via my credit card for services/supplies provided by AIH Laboratory. I understand that my signature on this contract will serve as my authorization on the invoice/s and as a signature on file for all authorized charges and outstanding balances now and in the future.

Please check box 1 or 2 and initial one of the following:

1: This authorization shall remain valid unless and until AIH Laboratory, Inc is notified in writing of cancellation: or until: \_\_\_\_\_ (provide a date (MM/DD/YYYY). \_\_\_\_\_ (initials)

**OR**

2: One Time Authorization Only. \_\_\_\_\_ (initials)

Amount Authorized: \$ \_\_\_\_\_

**Credit Card Information:**

Credit Card (Please Circle One): VISA or Master Card

Credit Card Number: \_ \_ \_ \_ - \_ \_ \_ \_ - \_ \_ \_ \_ - \_ \_ \_ \_

Expiration Date: \_\_\_ / \_\_\_ (MM / YY)

Security Code: \_\_\_ - \_\_\_ - \_\_\_ for example (1-2-3)

Billing Zip Code: \_ \_ \_ \_ \_ for example (1-2-3-4-5)

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