IRIS
ENVIRONMENTAL LABORATORIES

CREDIT CARD AUTHORIZATION FORM

As a service to our clients, IRIS Laboratories can retain your credit card information on file and automatically charge your credit card for services you have ordered at the time they are invoiced. Your analytical report(s) will be forwarded along with your invoice. Return this form with a copy of front and back the credit card provided to billing@irislaboratories.com.

The information provided below must be printed clearly and exactly how it appears on your credit card. If you have any questions, please contact our office at (908) 206-0073.

Company or Individual Name:	☐ Visa	☐ Master Card	☐ Amex
Name on Credit Card:	Credit Card No.		
CVV Code:	Expiration Date:		
C.C. Billing Address:	City, State:	Zip Code:	
Cardholder Signature:	Cardholder Phone No.:		
Please Check one: ☐ New card on file ☐ Replace card on file			
E-mail:			

By signing this form and providing your credit card number, you acknowledge the card number and information on the card is valid, and was not obtained fraudulently. You authorize IRIS Laboratories to receive payment for analytical services from the credit card company in accordance with the invoice(s). Any disputes regarding quoted prices, results or other testing issues must be submitted in writing to the IRIS support team, or management for resolution within 30 days of invoice date. Our policy is to offer in-house credit only for analytical results provided by IRIS under the terms negotiated. No Cash Refunds. Cardholder is responsible for updating the credit card information as necessary.

I have read and understand IRIS's terms and conditions for credit card use stated above, and:

☐ I authorize IRIS Environmental Laboratories, LLC., to automatically charge my credit card for every invoice.

Signature:_____ Date:_____

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