



CREDIT CARD PAYMENT AUTHORIZATION

Recurring Charge - I authorize Bio-Med Testing Services, Inc. to keep my credit card on file for any future transactions until I request a cancellation and to recurrently charge this card with no prior notification needed. I acknowledge that a receipt for each payment will be provided to me and the charge will appear on my credit card or bank statement. I agree that the invoice I receive will be my notice of payment amount.

I, _____ (Company Name/Name of authorized user), authorize Bio-Med Testing Services, Inc. to charge my Credit Card or Debit Card each month for services rendered by BioMed Testing Services, Inc.

Billing Information

Company Name _____

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Cardholder Name _____

Card Number _____

Exp. Date ____ / ____ CVV

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Bio-Med Testing Services, Inc. in writing of any changes in my account information or termination of this authorization. I certify that I am an authorized user of this credit card/bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

AUTHORIZED SIGNATURE _____ DATE _____

PRINT NAME _____