



# PAYMENT AUTHORIZATION FORM

Please consider using ACH (E-Check) rather than a Credit Card to keep our costs down. Thank you.

## COMPLETE: CUSTOMER CONTACT INFORMATION

Full Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Web Site: \_\_\_\_\_

### OPTION 1: ACH (E-CHECK) PAYMENTS One Time Payment Recurring Payments

Bank Name: \_\_\_\_\_  
Account Type (Check One):  Consumer Checking  Consumer Savings  Business Checking  Business Savings  
Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

### OPTION 2: CREDIT CARD PAYMENTS One Time Payment Recurring Payments

Name on Card: \_\_\_\_\_  
Card Billing Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Credit Card Type:  Visa  Mastercard  Discover  American Express  
Credit Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Security Number: \_\_\_\_\_ (Digits on back)

## COMPLETE: AUTHORIZATION

As an authorized user of this payment account, I understand that it is my responsibility to 1) ensure my account complies with US law; 2) ensure sufficient funds are available for payments made to Trelfa Labs, Inc.; and 3) pay any service fees related to Non-Sufficient Funds (NSF). I agree to notify Trelfa Labs, Inc. in writing of any changes to my company and/or account information as needed, as pertains to this agreement. I understand that this authorization will remain in effect until I notify Trelfa Labs, Inc. to cancel it in writing. I understand that Trelfa Labs, Inc. will use a reasonable amount of care to safeguard my information provided herein.

I authorize Trelfa Labs, Inc. to charge my account provided herein for the amounts indicated on their company invoices for analytical testing, consulting, training, and/or nutrition panel services on an as needed basis. This applies to:

\_\_\_ 1 Location: \_\_\_\_\_  
\_\_\_ Multiple Locations: \_\_\_\_\_

Account Holder – Please sign, date, and return the completed form to Rebecca Hardy via [rebecca@trelfalabs.com](mailto:rebecca@trelfalabs.com).

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_