

PRE-AUTHORIZATION ORDER MASTER CARD/VISA/AMERICAN EXPRESS/DISCOVER

This is to authorize Alpha Analytical Laboratories, Inc. of Ukiah, CA to charge payments to my Master Card/Visa/American Express/Discover account. Pertinent information listed below.

\bigcirc	Authorized for ongoing payments
\bigcirc	Authorized for a one-time charge only
Alpha	Analytical Client Name:
Cardholder Name:	
Billing Address:	
Credit Card Account #:	
Expira	ation Date: CCV Code:
Invoice/Receipt to (email):	
Data:	Signad