

# AUTOMATIC CREDIT CARD PAYMENT FORM

Cardholder's name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Credit Card # \_\_\_\_\_

Expiration date (mm/yy): \_\_\_\_\_ Security Code \_\_\_\_\_

Visa      MasterCard      Discover

**I authorize CVAS to charge my account after each billing for any samples sent during the billing cycle. I will receive a copy of my invoice and a receipt for the charge to my credit card.**

\_\_\_\_\_  
(Please sign your name)