

**ICS<sup>®</sup>**  
**INC. LABORATORIES**  
 1072 Industrial Parkway N.  
 Brunswick, OH 44212 USA

**Credit Card Authorization Form**

**Send to:**

**Kim Coleman, Accg. Mgr.**  
 (Phone) **330-220-0515, ext. 104**  
 (Email) **kcoleman@icslabs.com**  
 (Fax) **1-330-220-0516**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Quotation/Invoice#: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

A convenience fee of 2% will be added to each transaction \$: \_\_\_\_\_

- One Time Only Charge
- Blanket Authorization - credit card information will be kept on file until stated end date

End Date: \_\_\_\_\_

**(Name & address must be exactly as appears on your credit card statement)**

Credit Card Information	
Name on Credit Card:	_____
Address, City, State, Zip:	_____
Credit Card No:	CID/CVV#: _____
Amex, Visa or M/C, Discover:	_____
Expiration Date:	_____
Authorized Signature:	_____

Unless blanket authorization is given, this form will be shredded once the transaction has been fully processed

**DO NOT WRITE BELOW LINE.**

Approval Code: \_\_\_\_\_ Confirmed Total: \_\_\_\_\_

Date: \_\_\_\_\_

Confirmed By: \_\_\_\_\_