



Credit Card Approval Form

Date: _____

Company Name: _____

Billing Address: _____

City: _____ Province: _____

Postal Code: _____

Submitter's Name: _____

Email: _____

Accounts Receivable: _____

Email: _____

Phone: _____

Email Address(es): _____

Terms: All invoices are payable upon receipt. Cheques are payable to Epoch Analytical Inc. EFT to accounting1@ealabs.ca

Credit Card Info: Visa MC Amex _____

Name on Card: _____

Card #: _____ Expiry: _____
CVV: _____

Signature: _____

- Please charge my credit card for this transaction only
- Please keep my credit card on file for future transactions

<p>Office Use Only:</p> <p>Comments: _____</p> <p>EA Lab Code: _____</p> <p>Approved by: _____</p>

Please remit completed forms to reception@ealabs.ca.