



Credit Card Authorization

This letter will authorize Torrent Laboratory, Inc., to use the following credit card information for services provided.

Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Business Address (if different): _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Credit Card Type: MasterCard Visa American Express Discover

Credit Card Number: _____ - _____ - _____ - _____

Exp. Date: _____ Verification#: _____

Name of Bank: _____

I authorize Torrent Laboratory, Inc. to use this card for payment on all services requested throughout the expiration of the subject card.

Purchase Order Number: _____ Transaction Date: _____

Dollar Amount Authorized: \$ _____

Cardholder's Signature: _____

Date: _____

Please complete this form in full and return to us by fax, email, or mail to the following address:

Torrent Laboratory, Inc.
483 Sinclair Frontage Road
Milpitas, CA 95035
(408) 263-5258 phone
(408) 263-8293 fax
accounting@torrentlab.com