



Credit Card Authorization

I authorize Torrent Laboratory, Inc., to use the following credit card information for all services provided. All sales are final and non-refundable.

Company Name: _____

Cardholder's Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Phone#: _____ EMail: _____

Credit Card Type: MasterCard Visa American Express

Credit Card Number: _____ - _____ - _____

Exp. Date: _____ Verification#: _____ Amount: _____

Cardholder's Signature: _____

Date: _____

Notes: _____

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