

CREDIT CARD AUTHORIZATION FORM

I hereby authorize EPIC Labs, Inc. (EPIC Labs) to charge my credit card for any purchase(s) made by _____, its owners or its employees. I also acknowledge receipt of all goods shipped by EPIC Labs to us. This authorization will remain in place until I notify EPIC Labs in writing to cancel this authorization.

I also understand EPIC Labs' policy regarding credits, returns, cancellations and warranties as stated in their "Price List" manual. I understand they do not give cash, check or credit card refunds; however I acknowledge they will repair or replace the product within ANSI standards per Rx order.

Credit Card Holder's Signature Date

Please print name and title of Credit Card Holder

Billing Address of Credit Card Holder

Account # _____

CREDIT CARD INFORMATION

Company: _____

Cardholder: _____

Cardholder's
Billing Address: _____

Phone: _____

Fax: _____

Visa MC AMX

Credit Card # _____

Expiration Date: _____

Miscellaneous: _____
