

AUTOMATIC CREDIT CARD PAYMENT FORM

Cardholder's name: _____

Billing Address: _____

City _____ State _____ Zip Code _____

Credit Card # _____

Expiration date (mm/yy): _____ Security Code _____

Visa MasterCard Discover

I authorize CVAS to charge my account after each billing for any samples sent during the billing cycle. I will receive a copy of my invoice and a receipt for the charge to my credit card.

(Please sign your name)