

Fraser Analytical Services

Credit Card Pre-Authorization Payment Form

Customer Name

Cardholder Billing Address

City

Province

Postal Code

The undersigned Cardholder hereby authorizes Fraser Analytical Services to obtain payment without requirement of the Cardholder's signature for each payment.

Cardholder Name (as it appears on the card)

Credit Card Account #

Expiration Date (MM/YY)

Credit Card Type (check one):

Visa

MasterCard

Credit Card Validation Code (3 digits on back of card)

Cardholder Signature

Date (MM/DD/YYYY)

Printed Name of Cardholder

Cardholder Daytime Phone Number

By signing this form, the Cardholder acknowledges and agrees as follows:

1. This signed form is confidential and will be kept on file at the Fraser Analytical Services office.
2. Credit Card payments will appear on your statement as **Nutritech Solutions Inc.**
3. If the Cardholder fails to dispute a charge within thirty (30) days from the time the credit card is charged, the Cardholder hereby agrees that the charges are valid and agrees not to dispute said charges.
4. The Cardholder authorizes *Nutritech Solutions Inc.* dba Fraser Analytical Services, to automatically charge their above-referenced credit card.
5. The Cardholder certifies warrants and represents that the cardholder named above agrees to pay the credit charge(s) in accordance with the agreement described above.
6. This authorization will remain valid until revoked in writing with thirty (30) days prior written notice of revocation.

***E-mail or Fax completed and signed authorization form to:
(604) 557 1480/misty@nutrivagroup.com***