



5708 Arundel Ave
Rockville, MD 20852
9:00am - 6:00pm

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P: 301-770-2128

Credit Card Authorization Form

Please complete all fields, and attach this form with your spec sheet.

You may cancel this authorization at any time by contacting us.

This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other
Cardholder Name (as shown on card):
Card Number:
CVC Number:
Expiration Date (mm/yy):
Cardholder Billing Address:

I, _____, authorize Colorlab Corp. to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account. You may cancel this authorization any time by emailing info@colorlab.com

Customer Signature

Date