



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

**credit card
authorization**

E: info@colorlab.com
W: www.colorlab.com
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 canceled.

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. I can cancel this authorization any time by emailing info@colorlab.com.

Customer Signature

Date