



PRE-AUTHORIZATION ORDER  
MASTER CARD/VISA/AMERICAN EXPRESS/DISCOVER

This is to authorize Alpha Analytical Laboratories, Inc. of Ukiah, CA to charge payments to my Master Card/Visa/American Express/Discover account. Pertinent information listed below.

- Authorized for ongoing payments**
- Authorized for a one-time charge only**

Alpha Analytical Client Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Credit Card Account #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CCV Code: \_\_\_\_\_

Invoice/Receipt to (email): \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_