



Canadian Head Office

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CREDIT CARD AUTHORIZATION FORM

All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type: VISA ____ MasterCard ____ AmEx ____

Credit Card Number: _____

Expiration Date: ____ / ____

Card Identification Number: _____ (3 digits located on the back of the credit card)

I hereby authorize Scott Labs Canada to charge the above credit card for the amount listed on invoice # _____ and for all future invoices from Scott Labs Canada (YES / NO).

Cardholder – Please sign and date:

Signature: _____

Date: _____

Print Name: _____

Please return the completed and signed authorization form to:

Jacob Cleysen

jcleysen@scottlabsltd.com