



Credit Card Authorization
Environmental Hazards Services, LLC
dba BTS Laboratories



PLEASE FILL OUT COMPLETELY, ANY OMITTED INFORMATION COULD BE CAUSE FOR DENIAL

Company Name		
Contact Name		
Mailing Address		
Mailing Address (con't)		
City, State, Zip-Code		
Telephone		
Fax		
Email		
Please choose the method in which you would like to receive results	Fax <input type="checkbox"/>	Email <input type="checkbox"/>
Credit Card Information		
Discover <input type="checkbox"/>	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/> American Express <input type="checkbox"/>
Credit Card Number		
Expiration Date		
Authorized Signature		

Note: You must provide a copy of both sides of the credit card.

**PLEASE FAX CREDIT AUTHORIZATION TO:
1-804-275-3700**

I authorize Environmental Hazards Services, LLC dba BTS Laboratories to charge the above credit card account for the purpose of direct payment for all services, including shipping and handling, provided by The Laboratory. It is agreed that The Laboratory will charge the credit card as service is provided. I understand and agree that if said credit card account is revoked, suspended, cancelled, changed or rejected for any reason, my account will be charged a service fee not to exceed \$25.00. Notification of the same will be provided via telephone or fax immediately, and the Client shall provide replacement information, in writing, within five (5) calendar days. A finance charge of 1.5% per month will be applied to the outstanding balance due. In no event, however, shall fees exceed the maximum lawful charges. All payments will be first applied to service fees, then finance charges, and then to principal amount due. Should the account become 60 days past due, the account will be placed on credit hold until the past due balance is paid in full. This authorization, which will be kept on file, shall remain in effect until specifically revoked in writing.

Environmental Hazards Services, LLC Date
dba BTS Laboratories

Client _____ Date _____