



**Topsources Lab Inc.**  
**Credit Card Authorization Form**

If you wish to pay your invoice(s) with your credit card, simply fill out all the information below, and return this form to us by fax **(604) 273-3467 with the front and back copy of your credit card.** We will then charge the total of your invoice(s) to your credit card upon receipt. In case you need assistance, please call **(604) 273-8631.**

**Company Name:** \_\_\_\_\_

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**Credit Card Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Card Type:**

Please check the appropriate box:

- Visa Card**
- Master Card**

**Full Name of Card Holders:** \_\_\_\_\_

(Name as it appears on Credit Card)

**Billing Address:** (Address as it appears on Credit Card)

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**Shipping Address:** (if it is different with the billing address)

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**Please check the appropriate box:**

- For **ONE-TIME** Charge
- For **RECURRING** Charges

**By signing below, I grant Topsources Lab Inc. permission to charge my credit card for the amount shown on my invoice(s). This permission may be revoked by me in writing via certified letter at any time, and it shall be automatically revoked upon payment of the closing invoice on my account, should it be terminated for any reason. I agree to pay all amounts in accordance with the terms of my cardholder agreement.**

\_\_\_\_\_  
**Signature (as shown on card)**

\_\_\_\_\_  
**Date**