

## **Precision Ortho Lab, Inc.** **Credit Card Authorization Form**

Choose your Option:

- I authorize Precision Ortho Lab, Inc. to charge the indicated card each month on the statement date to keep my account current.
- I authorize Precision Ortho Lab, Inc. to charge the indicated card for my invoices when authorized by voice from \_\_\_\_\_; otherwise I will pay my account by check.

In all instances, I, \_\_\_\_\_, understand that Precision Ortho Lab, Inc. will charge the indicated credit card if I have not provided payment 45 days after the statement date with a \$10 late fee. Please initial \_\_\_\_\_

Name on card \_\_\_\_\_

Card type                      VISA                      M/CARD

Number                        \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CVV2 Code                    \_\_\_\_\_ (3 digit code on the back of MC and Visa)

Expiration Date              \_\_\_\_\_ / \_\_\_\_\_

Signature                      \_\_\_\_\_

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

I agree to update my credit card info as needed so that Precision Ortho Lab, Inc. always has a valid credit card on file. This authorization is valid until cancelled in writing.

# Precision Ortho Lab, Inc.

700 S. Main Street, Euless, TX 76040

817-540-2390, Fax - 817-857-9500

**Credit Application:** Please fill out completely

Company

Address

City

State

Zip

Phone

Fax

Date Business Started

Type of Business

Taxable

Tax Exempt

*(If exempt please provide certificate)*

**Please check and complete as applicable below:**

**Proprietorship**

**Partnership**

**Corporation**

Legal Name

Address

Principal Operators or Officers:

Date Incorporated

1.

Title

2.

Title

3.

Title

Open Account Trade References - ***Please include FAX Number***

Name

Address

Phone

Fax

Name

Address

Phone

Fax

Name

Address

Phone

Fax

**Terms: Net 30 days from date of invoice unless other terms are agreed upon in writing in advance.**

We hereby certify that all statements in this application are true and complete and are made for the purpose of obtaining credit. If our account is not paid according to invoice terms, we authorize Precision Ortho Lab, Inc. to charge our credit card on file 31 days after the statement date. If that doesn't clear the invoice, we promise to pay a late payment charge of 1.5% per month on the unpaid balance, and to reimburse Precision Ortho Lab, Inc all costs of collections including legal fees. And, I understand that until my balance is cleared that I can only order on a COD basis. I, \_\_\_\_\_, personally guarantee my account should the stated company ever default.

Date

Signature

Title

***Note: Terms on orders will be COD, until this application is received and approved. This process normally takes 2 - 3 business days.***