



One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Ultimate Labs, Inc to make a one-time debit to your credit card listed below. Please note that there will be a 5% transaction fee added to end total.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

_____ + _____ = _____
(Service Cost) (5% Transaction Fee) (Total to be Charged)

Please complete the information below:

I _____ authorize Ultimate Labs, Inc to charge my credit card
(full name)
account indicated below for _____ on or after _____. This payment is for
(amount) (date)

(description of goods/services)

Billing Address _____
City, State, Zip _____
Phone# _____
Email _____

Account Type: Visa MasterCard AMEX Discover
Cardholder Name _____
Account Number _____
Expiration Date _____ CVV _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.