



RECURRING Credit Card Payment Authorization Form

FOR RECURRING CHARGES TO ONE CARD (variable amounts ok)

Signing and completing this form authorizes Ultimate Labs, Inc to

CHARGE THE CREDIT CARD BELOW FOR ANY FUTURE TRANSACTION MARKED "CC"

By signing this form, you grant Ultimate Labs permission to debit your credit card for any future services rendered to you that are marked by "CC".

NOTE: A 5% transaction fee will be added to EACH transaction's end total.

Please complete the information below:

I _____ authorize Ultimate Labs, Inc to charge the credit card account
(full name)
indicated below for any goods &/or services rendered on or after _____.
(date)

Company _____

Billing Address _____

City, State, Zip _____

Phone# _____

Email _____

Account Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> 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. I give permission for Ultimate Labs to hold this credit card information on file to use for payment of any future goods/service rendered. 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.