




CREDIT CARD AUTHORIZATION

CUSTOMER INFORMATION

Name of Business or Individual		Phone
Contact Name		
Billing Address	Shipping Address (if different)	Fax
City State Zip	City State Zip	
Email Address:		
CREDIT CARD INFORMATION		
Cardholder Name Address		
Card Number	Expiration Date	
3 Digit Verification Number for Visa and MasterCard only (located on back of credit card)		
Please Check One:		
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
<p>Cardholder acknowledges receipt of goods and/or services as contracted with SEEML Laboratories, Inc. Greenville, SC, 29606. This account will be maintained for this use until such time the cardholder notifies SEEML Laboratories in writing as to the cancellation of this agreement. All charges are final after 60 days.</p>		
----- Date	----- Cardholder Signature	
<p>Return To: SEEML Laboratories, Inc. 506-A Laurens Road Greenville SC, 29607 Phone: 864-233 3770 Fax: 864-233 3779 www.seeml.com</p>		