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Pre-Authorization Credit Card Approval Agreement

- ◆ This Agreement is between the Cardholder (below) and enCore Laboratory. The Agreement shall become effective upon signature of Cardholder and a duly authorized agent of enCore Laboratory.
- ◆ I hereby certify that the data provided below is true, correct and complete as of the date indicated below and I agree to promptly notify enCore Laboratory of any changes in the data provided.
- ◆ Payment will be charged on the credit card by the 1st of the following month. Any outstanding balances after the 1st of that month will be automatically billed to the credit card listed below.

Cardholder's Name:		
Office Address:		
City:	State:	Zip:
Phone:()	FAX:()	
Credit Billing Address:		
City:	State:	Zip:
Phone:()		
VISA #:	Expiration Date:	
VISA Series Code(Last Three Digits on the Back of The Credit card):		
MasterCard #:	Expiration Date:	
MasterCard Series Code(Last Three Digits on the Back of The Credit card):		
American Express #:	Expiration Date:	
American Express Series Code(Four Digits on the front of the credit card):		

Cardholder's Signature

Date

Authorized Agent of enCore Laboratory

Date