# Credit Card Authorization Form

***Please type or print neatly and fax to CLS America, Inc. at 301-925-8995***

**Company Name:** MBARI

**Customer Name:** MARK CHAFFEY **Program Number:** 2606

**Customer:** Customer ID | Invoice Number | Invoice Total to Charge

**Address:**
Street Address: 7700 SANDHOLDT RD.
City: MOSS LANDING | State/Province: CA | Zip/Postal Code: 95039
Telephone Number: 831-775-1700 | Fax Number (this form will be your receipt for payment): 831-775-1620

**Credit Card Company:** ✔ **MasterCard** ☐ **Visa** ☐ **Discover**

**Cardholder's Name:** ERIN LAMB
Telephone Number: 831-775-1700 | E-mail: ELAMB@MBARI.ORG

**Credit Card Account Number:**

| 5 | 4 | 7 | 4 | 6 | 3 | 4 | 2 | 4 | 5 | 2 | 3 | 7 | 5 | 9 | 1 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

**Expiration Date:** Month* | Year*

**Three Digit Code on Back Signature Panel*:**

* Leave these fields blank if you want CLS America, Inc. to call the Cardholder and receive this information.

**Credit Card Holder Billing Address: (if different from above)**

Street Address: 7700 SANDHOLDT RD.
City: MOSS LANDING | State/Province: CA | Zip/Postal Code: 95039

I hereby authorize CLS America, Inc. to use the above written credit card number for payment on the invoice associated with the Customer ID Number indicated above. _____ Initial here if you want CLS America, Inc. to automatically charge the same credit card for all future invoice payments. This transaction will be charged to your credit card within 45 calendar days form the date of the invoice, unless we are otherwise notified by the client. If you choose not to accept this option, you will need to provide CLS America, Inc. with a Credit Card Authorization Form for each payment transaction and/or for each credit card to be used.

I agree to inform CLS Amercia, Inc. in writing of any changes to the credit card, including expiration dates and lost or stolen cards.

**Print Name:**

**Date:**

**Signature:**

01/2006