



itl boulder
THE LIGHT CENTER OF THE INDUSTRY SINCE 1955

INDEPENDENT TESTING LABORATORIES, INC.
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CREDIT CARD CHARGE AUTHORIZATION FORM

Name of Company or Individual as it appears on credit card _____

Company Name (if it does not appear on credit card) _____

Address the Charge Card Company has for billing _____

Zip Code the Charge Card Company has for billing _____

Credit Card Type (circle card type) Visa, MasterCard, Discover or American Express

Credit Card Number _____ Credit Card Expiration date _____

3 digit identity code on back of card _____

ITL is authorized to charge this account up to, but not to exceed \$ _____

Name of authorized credit card signer _____

Please Print

Signature _____ Date _____

PLEASE FAX THIS FORM TO ITL AT: 970-535-3114

WHILE ITL UTILIZES VIRUS SCAN AND ANTI-HACKER SOFTWARE, SHOULD CUSTOMER DECIDE TO E-MAIL THIS FORM TO ITL, THEY ARE DOING SO AT THEIR OWN RISK.

FAXING CREDIT CARD INFORMATION IS ALWAYS SAFER.

This section for ITL use only

Authorization number: _____ Date: _____

Invoice number : _____ Description: _____ AutoLUX
 _____ Testing
 _____ Other

Billing: _____ Initial _____