



Marinco Bioassay Laboratory, Inc.
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Credit Card Billing Authorization Agreement

Company Name _____

Email Address _____

Name on Card _____

Billing Address _____

City, State, Zip _____

Credit Card Number _____

Expiration Date _____

CVV# _____

Card Type (Circle) Visa MasterCard

Invoice Reference(s) _____

I authorize Marinco Bioassay Laboratory, Inc. to bill my credit card for the charges described above, at the agreed prices and terms.

Signature

Date

Printed Name

After completion, please fax to 941-922-3874.