# Credit Card Authorization Form

I, _____, hereby authorize NOMI Diagnostics to charge my credit card as detailed below for payment of goods/services rendered

## Cardholder Information

| | | | |
|---|---|---|---|
| Company name | | | |
| Name on Card | | | |
| Billing Address | | | |
| Phone Number | | Email | |

## Payment Details

| | | | |
|---|---|---|---|
| Number of products to test | | | |
| Amount | | Date | |

## Payment Details

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Card Type | | Visa | | Mastercard | | AmEx | | Other |
| Card Number | | | | | | | |
| Expired Date | | CVV | | | | | |

## Authorization and Signature

By signing below, I authorize NOMI Diagnostics to charge the credit card listed above for the stated amount. I confirm that I am the authorized user of this card and will not dispute the payment

| | |
|---|---|
| **Signature** | **Date** |