

CONSUMER CREDIT CARD AUTHORIZATION FORM

Merchant Information

Merchant Name: **BioAssay Systems**

Merchant/DBA Address: **3423 Investment Blvd., Suite 11 Hayward, CA 94545, USA**

(Physical Address Only)

(City, State and Zip Code)

Merchant Fax: **510-782-1588**

Merchant Service: **First Data**

Credit Card and Cardholder Information

Cardholder's Name (exactly as appears on the card) _____

If a Business Card, Corporate Name _____

Customer Code _____

Cardholder's Billing Address: _____

(Street or PO Box)

(City, State, Zip code, Country)

Shipping Address: _____

(Street or PO Box)

(City, State, Zip code, Country)

Type of Credit Card (circle one): *Visa MasterCard American Express Discover*

Complete Card Number: _____

Expiration Date (MM/YY): _____ CVV2/CVC2/CID*: _____

** For Visa/Mastercard, the three-digit CVV number is printed on the signature panel on the back of the card immediately after the card's account number. For American Express, the four-digit CVV number is printed on the front of the card above the card account number.*

I authorize **BioAssay Systems** to bill the above listed credit card for the amount as shown in the invoice and ship the merchandise purchased to the above Credit Card Billing or Shipping Address. I am fully aware that my credit card is being charged for any such purchases.

Cardholders Signature: _____ Date: _____