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AUTOMATIC CREDIT CARD PAYMENT FORM

Account Number:					
Cardholder's Name:					
Billing Address:					
City:		Province:		Postal Code:	
Credit Card Number:					
Expiration Date (MM/YY)			Security Code:		

Select credit card type

<input type="checkbox"/>	Visa	<input type="checkbox"/>	MasterCard
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A 3% convenience fee will be added to all credit card payments.

I authorize Nutritech Solutions Inc. DBA Fraser Analytical Services to charge my account after each billing period for any samples sent during the billing cycle. I will receive a copy of my invoice and a receipt for the charge to my credit card.

Signature:	
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