

One (1) Time Credit Card Payment Authorization

Sign and complete this form to authorize **Dormer Laboratories Inc.** to make a **one-time charge** to your credit card listed below.

By signing this form, you give us permission to debit your credit card for the amount specified in your order. This is permission for a **single transaction only**, and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ (Cardholder's Full Name) authorize **Dormer Laboratories Inc.**
to charge my credit card account indicated below for the amount specified in my order.

Billing Information

Customer No: _____ Billing Name: _____

Billing Address: _____

City, State/Province, Zip: _____

Phone/Ext: _____ Email: _____

Card Details

Visa MasterCard American Express

Cardholder Name _____

Credit Card Number _____

Expiration Date _____ / _____

CVV _____

Zip Code _____

I authorize **Dormer Laboratories Inc.** to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/shipping I ordered from **Dormer Laboratories Inc.**, for the amount indicated in my order, and is valid for **one (1) time use only**. I certify that I am the authorized user of this credit card and that I will not dispute the payment with my credit card company as long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____
(Cardholder's)

DATE _____