

**Company Information**

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Cardholder Information**

Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email for Receipts: \_\_\_\_\_

**Credit Card Information**

Card Type: \_\_\_ MasterCard \_\_\_ Visa \_\_\_ American Express \_\_\_ Discover

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp Date: \_\_\_ / \_\_\_ Security Code: \_\_\_\_\_

Cardholder Signature X \_\_\_\_\_

**Payment Information**

\_\_\_ I authorize a one-time charge in the amount of \$\_\_\_\_\_

\_\_\_ I authorize this card charge to be charged as directed by a representative of the company.

\_\_\_ I authorize this card to be charge for the balance on my account, please select 1 of the following:

\_\_\_ Each individual invoice

\_\_\_ Biweekly recurring charge – Date to be started \_\_\_\_\_

\_\_\_ Monthly recurring charge – Date to be started \_\_\_\_\_

**Please fax back to 919-481-1442**

\*\* Due to the sensitivity of this information, we ask if you're going to email this form, please enter the last 4 digits of the card and then call to give the rest of the CC number.

730 SE Maynard Rd  
Cary, NC 27511

Phone: 919-481-1413  
Fax: 919-481-1442  
[melanie@ceilabs.com](mailto:melanie@ceilabs.com)

Internal Use Only: Customer #: \_\_\_\_\_ Date: \_\_\_\_\_ QB\_\_\_ WP\_\_\_