

Credit Card Authorization Form

Complete all fields, sign, and return by fax or email. Faster option: pay online at lifetein.com/peptide-synthesis-order.php

ORDER INFORMATION

Quote / Invoice Number *

Amount to Charge (USD) *

\$

Institution / Company

Contact Name

Email (for receipt)

Phone

CARD INFORMATION

Card Type *

☐ Visa

☐ Mastercard

☐ American Express

☐ Discover

Name on Card (as it appears on the card) *

Card Number *

Expiration (MM/YY) *

Security Code (CVV) *

BILLING & SHIPPING

Card Billing Address *

Shipping Address (if different)

Billing ZIP / Postal Code *

AUTHORIZATION

I authorize LifeTein, LLC to make a one-time charge to the credit card above for the quote or invoice listed, in an amount not to exceed the amount shown. I confirm that I am the cardholder or am authorized to use this card.

Cardholder Signature (type full name or sign) *

Date *

Return this form to LifeTein:

Fax: 1-888-791-1618 or 1-732-626-6074 Email: sales@lifetein.com

Mail: LifeTein, LLC, 100 Randolph Road, Suite 2D, Somerset, NJ 08873, USA

Your card information is used only for this charge. LifeTein destroys this form after processing and does not keep your card details.

OFFICE USE ONLY

Processed by: _____ Date: _____ Stripe payment ID: _____ Form destroyed: []