

Credit Card Payment Authorization Form

Sign and complete this form to authorize Nordrux to make a charge to your credit card listed below

By signing this form, you give us permission to charge your credit card for DOT & NON-DOT Drug & Alcohol Testing Services

Please complete the information below:

I _____ authorize Nordrux to charge my credit card against the due invoice(s) towards
(Full Name)

DOT and NOT-Dot Drug and/or Alcohol Testing Services provided to _____
(Company name / business number)

Billing Address: _____ Phone #: _____

City, Prov, Postal Code _____ Email _____

Account Type: Visa MasterCard AMEX

Cardholder Name _____

Account Number _____

Expiration Date _____

CV2 (3-digit number on back of Visa/MC, 4 digits on front of AMEX) _____

One Time Payment

Recurring Payment (will be charged either):

Payment Date: _____

Monthly Quarterly

Authorized Signatory: _____ Date: _____

Photo ID Attached Driver's License Passport Provincial Photo Card