



CREDIT CARD INFORMATION FORM

INSTRUCTIONS:

All boxes outlined in **RED** are required information.

This form is to be completed ONLY when using a credit card in payment of H&M Analytical Services invoices.

*Please **ENTER** your information in the spaces provided, **PRINT** out the form, **SIGN** where indicated, and **FAX** this form back to: (609) 758 - 5708.*

CARD TYPE:		BILLING ADDRESS
CARD NUMBER:		
EXPIRATION DATE:		CITY, STATE, ZIP

NAME ON CARD:	
SIGNATURE (Sign in box by hand):	
CARDHOLDER'S E-MAIL:	

Cardholder's E-mail is requested for electronic transmission of paid receipt & invoice documents, recognizing that the cardholder is responsible for reconciling his/her monthly statement.