

Credit Card Authorization Form

I hereby authorize **Merlan Scientific Ltd.** to debit by credit card:

VISA

MasterCard

Account Number:

 /

 /

 /

Expiration Date: _____ / _____

Security Code: _____

Amount(\$)

Name on Card:

Billing Address:

Signature:

Date:

AUTHORIZATION: I certify by my signature above that I am the individual authorized to use the credit card noted above. I authorize Merlan Scientific Ltd. to charge the above mentioned amount on my credit card as identified above and shall not decline, reject or challenge such amount charged on my credit card for the purposed of paying for goods or services purchased from Merlan Scientific Ltd.

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