



SINCE 1985
Quality Controlled Through Analysis

CREDIT CARD PAYMENT FORM

10630 FALLSTONE RD. HOUSTON, TEXAS 77099
P. O. BOX 741905, HOUSTON TEXAS 77274

TEL: (281) 495-2400
FAX: (281) 495-2410

***All information must be provided and faxed to (281) 495-2410 ATTN: Melody for processing ***

CREDIT CARD INFORMATION		
Customer Name:		
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express <input type="checkbox"/> Discover		
Credit Card Number:		Expiration Date:
Name as it appears on Credit Card:		CVC2 Code:
Payment Amount (US Dollars):		
Email address for the CC receipt :		
Signature:		Date:
CREDIT CARD BILLING ADDRESS		
Street Address:		
City:		
State:	Zip/Postal Code:	Country:
Phone Number:		Fax Number:
PAYMENT INFORMATION		
Purchase Order (If Applicable):		Quotation Number:
Test Description	Test	Price
Sub-Total:		
Quantity of Samples:		
Total:		

*** For Office Use Only ***

<input type="checkbox"/> Approved Approval Code _____ <input type="checkbox"/> Declined



Cert. No.: C2021-03719
Quality Management System Certified to ISO 9001:2015
Visit our Website at: <http://www.tol-lp.com>

