



**ICL Integrative Laboratory Services  
Pre-Authorized Payment Form**

**Credit Card Authorization**

I authorize **In-Common Laboratories (ICL)** to debit my credit card with the amount due shown on my monthly ICL invoice or statement. This authorization remains in effect until cancelled in writing.

<b>ICL Account Number:</b> <i>Office use only</i>
<b>Client Name:</b>
<b>Name as appears on Credit Card:</b>
<b>Credit Card Account Number:</b> _____
<input type="checkbox"/> Master Card <input type="checkbox"/> Visa Expiry Date __/__/__ CVC_____
<b>Billing Card Address (Exact address as registered on Credit Card):</b>
<b>Contact person:</b>
<b>Email Address:</b>
<b>Telephone:</b>

\_\_\_\_\_  
**Authorization Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

**Please fax (416-385-3609) or mail your completed form attention to:  
ICL Controller, 57 Gervais Drive, North York, Ontario, M3C 1Z2**

**Please keep a copy of this authorization for your records.**