



**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.*

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

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.