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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