

ATTACHMENT E

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CREDIT CARD PAYMENT AUTHORIZATION FORM

Please complete and sign this form authorizing Clarity Testing Services, Inc. to charge the credit card account identified below.

CREDIT CARD

Please circle one:

(or write X in applicable box if using fillable PDF)

Mastercard

VISA

AMEX

DISCOVER

Account Number: _____

Security Code: _____ Expiration Date: _____

Cardholder Name *(as shown on credit card)*: _____

Billing Street Address: _____

Billing City/State/Zip code: _____

Company Name: _____

If Applicable:

- Purchase order number: _____
- If joint venture, please specify: _____

AUTHORIZATION

I certify that I am an authorized user of the above credit card and hereby authorize Clarity Testing Services, Inc. to charge this credit card for fees associated with services provided.

Cardholder Signature: _____ Date Signed: _____

Email Address: _____

Telephone Number: _____

PRIMARY RESULT RECIPIENT

Name: _____

Street Address: _____

City/State/Zip code: _____

Email Address: _____

Telephone Number: _____