



DATE: _____

CREDIT CARD PAYMENT AUTHORIZATION

Please Fax back the completed form to (954) 978-3185 or send it by email
Attn: Accounts Receivable at ar@flenviro.com

*******3% surcharge fee for all credit card payments.*******

NAME ON CARD: _____

COMPANY NAME: _____

CARD BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____

FAX #: _____

EMAIL: _____

CHOOSE ONE: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

KEEP CARD ON FILE FOR FUTURE USE: YES NO

By paying with a credit card, I agree to credit card surcharges

CREDIT CARD #: _____

EXPIRATION DATE: _____ Invoice Amount: \$ _____

3% SURCHARGE: \$ _____ TOTAL \$ _____

INVOICE #: _____

PROJECT NAME OR NUMBER: _____

AUTHORIZED SIGNATURE: _____

Florida Spectrum Environmental Services Inc. • 1460 West McNab Road • Ft. Lauderdale, FL 33309 • Phone: (954) 978-6400 • Fax: (954) 978-2233
Big Lake Laboratories • 610 North Parrott Avenue • Unit B • Okeechobee, FL 34972 • Phone: (863) 763-3336 • Fax: (863) 763-1544
Pembroke Laboratories • 528 30th Street NE (Gooch Road) • Ft. Meade, FL 33841 • Phone: (863) 285-8145 • Fax: (863) 285-7030
Spectrum Laboratories • 108 Airport Park Drive • Savannah, GA 31408 • Phone: (912) 238-5050 • Fax: (912) 234-4815
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