DATE: _____

CREDIT CARD PAYMENT AUTHORIZATION

Please email back the completed form to
Attn: Accounts Receivable at ar@flenviro.com

*******3% convenience 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 #: _____**Security Code**:_____

EXPIRATION DATE: _____ Invoice Amount: $ _____

3% Convenience fee: $_____ 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
Space Coast Laboratories ● 3390 N. Courtenay Pkwy ●Unit A ● Merrit Island, FL 33841 ● Phone: (321)-208-8911
Big Lake Laboratories● 610 North Parrott Avenue●Unit B●Okeechobee, FL 34972●Phone: (863) 763-3336
Spectrum Laboratories ● 108 Airport Park Drive ● Savannah, GA 31408 ● Phone: (912) 238-5050
Lakeland Laboratories ● 111 E. Easton Drive ● Lakeland, FL 33803 ● Phone: (863) 686-4271
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