



Metro Test & Balance, Inc.

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Credit Card Payment Authorization Form

Sign and complete this form to authorize Metro Test & Balance, Inc. to charge your credit card for the project(s) listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, but you have the option to allow us to keep credit card information on file for future use.

Please complete the information below:

I _____ authorize Metro Test & Balance, Inc. to charge my credit card account indicated below for \$ _____ on or after _____. This payment is for project name _____, invoice number _____.

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name _____

Account Number _____

Expiration Date ____ / ____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

Would you like to keep your credit card on file for future invoices: ☐ Yes ☐ No

Please note: If you select No, you will be required to fill out a new authorization for each subsequent invoice. If you select yes, Metro Test & Balance will provide a courtesy call prior to charging card for future invoices.

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only (unless otherwise authorized above). I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.