



To Whom It May Concern:

Thank you for choosing Nationwide Testing Association for all your Drug and Alcohol needs. To process your credit card or hold your credit card number for your invoices, we will need the form completed below, permitting us to use your credit card. Please note there will be a convenience fee of \$2.00 per \$100.00 charged to your card.

Thank you for your help in this matter.

Company Name: _____

Company Address: _____

Name on Card: _____

Relationship with Company: _____

Card type: _____

Card Number: _____

Card Expiration Date: _____

Card Security Code: _____

Billing Address of Card _____

Do you want to pay all future invoices with this card: Yes No

(By checking "yes" you authorize Nationwide Testing Association, Inc., to charge your card on or about the 25th of each month that you have a balance.)

X

Signature

**Email Completed Form to Accounting@NTATesting.com **