

CREDIT CARD AUTHORIZATION

****To be completed by Cardholder****

Cardholder Name	
Company Name	
Cardholder Address	
City, State	
Postal Zip Code	
Country	

<input type="checkbox"/>	Visa	Credit Card Number	
<input type="checkbox"/>	Mastercard	Expiration Date (MM/YYYY)	
<input type="checkbox"/>	Amex	CCV	
<input type="checkbox"/>	Discover		

Please select one option below by indicating an X in the box and complete the monetary amount field

<input type="checkbox"/>	Single Charge Authorization	Approved Amount for this Single Charge	
<p>I am the holder of the card herein mentioned, and as such, authorize its use for merchandise purchased in the amount listed, from and delivered by Diamond Diagnostics Inc, to the above address, or alternative delivery address I have designated. In the case of Prepay and Add, shipping charges may be additional and billed separately. Under no circumstance do I consider this a falsified charge and I agree to pay the total amount billed according to the card issuer agreement.</p>			

<input type="checkbox"/>	Blanket Charge Authorization	Maximum Billable Amount within 30 Day Cycle	
<p>I am the holder of the card herein mentioned, and as such, authorize its use for merchandise purchased from and delivered by Diamond Diagnostics Inc, to the above address, or alternative delivery address I have designated. I authorize Diamond to charge this credit card up to the amount listed in the blanket charge authorization within a 30 day cycle for all items purchased and shipped under this condition. Under no circumstance do I consider this a falsified charge and I agree to pay the total amount billed according to the card issuer agreement.</p>			

Cardholder Signature	
Signature Date	