



380 W Martin Luther King Jr Blvd #1,
Los Angeles, CA 90037

Credit Card Fax Authorization Form

I _____ hereby authorize "Bio France Lab"
Print Cardholder Name

to debit my VISA MASTERCARD Discover AMEX

ACCOUNT NUMBER: _____

EXPIRATION DATE: _____

CVV CODE: _____ * Located on back of card or front 4 digits for AMEX

IN THE AMOUNT OF \$ _____

In payment of Invoice / Order # / items: _____

MY BILLING ADDRESS FOR THIS CARD IS:

Address

City State Zip

Phone Fax

Cardholder Signature Date

Please E-mail it signed to info@biofrancelab.com
or call us at (213) 385 5933 if you have any question.

Thank you for your business!