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Credit Card Authorization Form

CARDHOLDER INFORMATION

Name: _____

Billing Street Address: _____

Street Address (cont.): _____

City: _____ State: _____ Postal Code: _____

Country: _____ Email _____

Address: _____

Telephone: (_____) _____ - _____

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date ____/____/____

Security Code: _____

My signature above authorizes American Gemological Laboratories to charge my credit card for the services rendered as the terms are *payment is due upon return of goods*.

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify AGL in writing of any changes in my account information or termination of this authorization. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions with my bank or credit card company so long as the transactions correspond to the terms indicated in this authorization form.