



CREDIT CARD AUTHORIZATION FORM

Please complete all fields

Name:

Card Holder Name (as shown on card):

Card Number:

Expiration Date (MM/YY):

This authorization form can only be used once and the following amount: \$

I, _____, authorize Star Drug Testing Services Ltd. to charge the above credit card for the above amount. Once payment clears, this information will be destroyed and cannot be used for future use.

Signature

Date

Thank you,

*Marina Charriere
Owner, Star Drug Testing Services Ltd.*

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