



CREDIT CARD AUTHORIZATION FORM

Client: _____ Invoiced Amount: \$ _____

Payment for Invoice Number(s): _____

Methods of Payment: () Visa () Mastercard () Discover () Amex Credit

Card No.

Expiration Date: _____ CVV2/CID Security Code: _____

Name as it appears on the Credit Card: _____

Credit Card Billing Address: _____

City: _____ State: _____

Zip Code: _____ Telephone Number : _____

Email Receipts to: _____

Please check this box if you would like future payments for service applied to this card number.

We will notify you by email 24hrs before any new charges will be applied to this card for service rendered.

Authorization:

I authorize ALC Consolidated, LLC to charge my credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described in the referenced customer invoice(s), for the amount indicated plus applicable processing fees of 3.5% of invoice amount when sending in this form. This credit card authorization is valid for a one-time transaction only unless the above box is checked.

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form. In the event my credit card is invalid, I agree to provide ALC Consolidated, LLC with a valid credit card for processing immediately upon request.

Please return the completed and signed form by Fax at (805)739-5522

Or via e-mail to info@aglaboratory.com, Attn: Accounts Receivable.

I have read and agree to all the above terms and conditions.

Cardholders Signature: _____ Date: _____

ALC Consolidated
2255 S. Braodway Suite 12
Santa Maria, CA 93454
Tel: (805) 739-5333
E-mail: info@aglaboratory.com



Credit Application

<u>For Official Use</u>	
Sub Account Under:	_____
Sales Rep:	_____ Credit Check: Yes___ No___

2255 S. Broadway Suite 12
 Santa Maria, CA 93454
 Office: 805-739-5333
 Fax: 805-739-5522

Please Return Application to: Info@aglaboratory.com

COMPANY _____ DATE _____
PLEASE PRINT AS NAME IS TO APPEAR ON ACCOUNT

Billing Address _____
CITY STATE ZIP

Phone Number () _____ Fax Number () _____

Test Result Email _____

Billing Email _____

PRINCIPAL CONTACT PERSON _____ **EIN #** _____

FARMING OPERATION:

General location of farm or ranch _____

No. of years farming _____ No. of acres owned _____ No. of acres leased _____

PAYMENT TERMS

All accounts are due and payable in full within the terms set by ALC Consolidated (ALC). All past due principal is subject to an annual finance charge of fifteen percent (24%) or one and one-quarter percent (2%) per month. Customers who do not pay within the expressed terms and conditions contained herein agree to reimburse ALC for all collection costs incurred by ALC including, but not limited to, attorneys' fees, expenses, and court costs.

This Agreement shall be governed by the laws of the State of California. The parties agree that all disputes or actions arising under this Agreement shall be commenced, prosecuted and concluded in the Superior Court of the Sate of California in and for the County of Santa Barbara and not elsewhere. Each party specifically waives any objections to venue in Santa Barbara County.

Applicant agrees that ALC may in its sole discretion, and for any reason, cease providing goods and /or services to the Applicant at any time without notice to the Applicant. Applicant agrees ALC shall not be liable to the Applicant for any damages incurred by Applicant as a result of the cessation of goods or services to Applicant. Upon termination of the Agreement by either party, all principal and interest shall be immediately due and payable and interest on said sum shall accrue at the rate of 15% per month until paid in full.

If the Applicant is a corporation, limited liability company, or partnership, the undersigned represents that he or she has the authority to bind the corporation, limited liability company or partnership to the terms and conditions set forth herein.

Applicant has read the provisions set forth and fully understands them. The parties to this Agreement have freely allocated the risk between them.

AUTHORIZED SIGNATURE _____

Please print the name of the signature above _____