



## Payment Authorization

Use this form to authorize Sonic Laboratories to charge your credit card for peptide testing services. Complete all fields, sign, and return via secure email or fax. This authorization remains in effect only for the services specified below and may be cancelled at any time by contacting our team.

### 1. Billing Contact

Contact Name: \_\_\_\_\_

Company / Organization: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### 2. Testing Reference

Intake Form ID (if applicable): \_\_\_\_\_

Services Authorized:

Purity & Identity Confirmation — \$200.00

Net Peptide Content (add-on) — +\$25.00 per sample

Other / Custom (see comments): \_\_\_\_\_

Total Amount Authorized (USD): \$ \_\_\_\_\_

### 3. Card Details

Card Type:  Visa  MasterCard  Amex  Discover

Cardholder Name (as printed on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration (MM/YY): \_\_\_\_\_ CVV: \_\_\_\_\_ Billing ZIP: \_\_\_\_\_

### 4. Authorization

By signing below, I authorize Sonic Laboratories, LLC to charge the credit card identified above for the peptide testing services selected in Section 2, in the total amount authorized. I confirm that I am the cardholder or have the cardholder's permission to authorize this transaction. I understand this authorization applies only to the services specified and that I may cancel any future saved-card usage by contacting Sonic Laboratories in writing.

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

### Return This Form

Email the completed form to:

[chetan@sonicdiagnostics.com](mailto:chetan@sonicdiagnostics.com)