

## Application for Credit and Credit Card Authorization Form

Company Name ("Applicant"): \_\_\_\_\_ Tax ID #: \_\_\_\_\_

State License #: \_\_\_\_\_

**AGREEMENT TO PAY:** Applicant agrees to honour all credit card charges for services performed by Highgrade Labs. Should the credit card be declined, Highgrade Labs may demand payment prior to providing any further services.

**AUTHORIZATION FOR PAYMENT:** Applicant hereby authorizes Highgrade to charge its credit card for any and all agreed upon purchases. Applicant's credit card information will be saved to file for future transactions. Applicant may cancel this authorization at any time by contacting Highgrade Labs. This authorization will remain in effect until cancelled. Credit card transactions may be processed via phone orders, web orders or in person at merchant's location of business.

**CREDIT TERMS:** All invoices are due thirty (30) days from the date of the invoice. A finance charge of 1.5% per month is due on all past due amounts.

**CHARGEBACKS:** Applicant agrees that any disputed charge, request for chargeback or adjustment, will first be reported to Highgrade Labs. Highgrade Labs will have ten (10) business days to resolve the dispute with applicant. Applicant has thirty (30) days to dispute, or request a chargeback, of any credit card change. Applicant's failure to dispute the charge, or request a chargeback, thirty (30) days after payment constitutes a waiver of any right to chargeback the payment.

**DEFAULT:** In the event of default and if this account is turned over to an agency and/or attorney for collection, the Applicant and the undersigned personal guarantor agree to pay all reasonable attorney fees, and/or costs of collection, whether or not suit is filed, including costs and attorney's fees.

**TRANSFERABILITY:** This agreement is not transferable by Applicant without Highgrade Labs' consent. Any attempt by Applicant to assign the Agreement in violation of this paragraph shall be void.

**GOVERNING LAW:** All transactions involving the credit extended under this agreement shall be governed by the laws of the State of Oklahoma, which are expressly adopted to control all transactions under this Agreement.

### CREDIT CARD INFORMATION

Credit Card Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

Card Identification Number (last 3 digits on back of card): \_\_\_\_\_

Expiration Date (mm/yyyy): \_\_\_\_\_

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

Account Holder Email Address: \_\_\_\_\_

Account Holder Telephone No.: \_\_\_\_\_

*A legible enlarged photocopy of the front and back of the credit card must accompany this authorization request.*

By signing this document, Applicant accepts responsibility for all credit transactions to ensure full and proper payment to Highgrade Labs.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

