



"The Gold Standard in Quality Testing"
**Compounder's International
 Analytical Laboratory**
Better Quality Through Quality Testing

100_FORM_26 Rev 02

Compounder's International Analytical Laboratory
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 Lab@compounderslab.com

CIAL Payment Authorization Form

Name of Customer/Company: _____

Email: _____ Title: _____

Direct Line: _____ Cell: _____

ACH Account Type (Required):

Checking Savings

Account Holder's Name: _____
Last Name *First Name*

Bank Name: _____

Account #: _____ Routing #: _____

Credit Card Type (Required):

Visa MasterCard American Express Discover

Account Holder's Name: _____
Last Name *First Name*

Account Number: _____ Exp. _____ CVV: _____

Billing Address: _____

City, State, Zip _____

Customer Signature: _____ Date: _____

By checking the box below, you authorize Chromotography Institute of America (CIAL) to process payment via Automated Clearing House (ACH) upon creating an invoice for work completed. In the even that your ACH is not availabe, your Credit Card will be processed to collect payment.

CIAL USE ONLY

Customer Name _____ Abbreviation: _____

Additional Notes: _____