



Optical Laboratory Inc.
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 (305) 591-2644
Fax: (855) 734-4240
 (305) 592-7337

Account Number: _____

Account Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Dear Customer,

It is our pleasure to accept Credit Card payments. Turn your 30 days of credit into 60 with this easy and convenient form. If you would like to use this service please fill out this form and send it back to us with your selected options.

You may fax it to **(855) 734-4240** or **(305) 592-7337**, or email it to sales@galileoopticallab.com. Please put **ATTENTION: CREDIT DEPARTMENT** in the subject line.



Payment Options

Please select one of the options below:

- I authorize Galileo Optical Laboratory to charge my credit card every month, for the entire amount of my statement. I would like this done on the: (circle one)
 1st 15th of every month.
- I authorize Galileo Optical Laboratory to charge my credit card after review of the monthly statement. I will then phone in the amount I would like charged.
- I authorize Galileo Optical Laboratory to have a pre-pay amount of \$_____ charged to my card, once my balance has passed more than \$_____.
- I authorize Galileo Optical Laboratory to make a one time charge to my credit card in the amount of \$_____.

CREDIT CARD INFORMATION:

Type: (Please select one) VISA MASTERCARD AMEX DISCOVER

Card Number: _____ Exp. Date: ____/____/____ CCV code: _____

Name on Card: _____

Billing Address: _____

Authorized Signature: _____ Date: ____/____/____