



## Brain Resource

### Credit Card Authorization Form

**Attention:** Accounts

**Fax Number:** 888-647 1441

**E-mail:** [accountsUS@brainresource.com](mailto:accountsUS@brainresource.com)

**Date:**

I authorize until further notice in writing, to charge my nominate MasterCard or Visa account the amount of my monthly invoice for reports/services provided by Brain Resource

Your Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

MasterCard /VISA Number \_\_\_\_\_

Credit Card Expiry Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

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