



**\*PLEASE NOTE FOR ALL DROP-OFFS:** All samples must be dropped off at the back of the office building located at 7100 Fort Dent Way Tukwila WA outside the Tabor 100 Office and placed inside the black dropbox pictured below. Do not take your samples to the front desk. The front desk will not accept drop-offs over the counter, **NO EXCEPTIONS!**



**Payment:** We accept all major credit cards. No checks please. Your report will be forwarded to you via email after payment is received. Once your information is ready, we will send you an email with a payment link.



## Credit Card Charge Authorization Form

5Microns Inc.

7100 Fort Dent Way Ste. 100 Seattle, WA 98188

425-440-8787

invoice@5microns.tech

Name on Customer's Card \_\_\_\_\_

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

Credit Card Type \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover

Expiration Date \_\_\_\_\_ CCV # \_\_\_\_\_

Billing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing Address (if different than billing address)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The estimated total monthly usage for services/goods that the undersigned customer will be utilizing is \$\_\_\_\_\_.

The undersigned customer agrees that he/she may choose to pay 5 Microns Inc. by check or credit card; however, the undersigned understands that 5 Microns Inc. requires this credit card authorization to be on file with 5 Microns Inc.

The undersigned customer hereby authorizes 5 Microns Inc. to charge said credit card the amount due from customer to 5 Microns Inc. if any payment to 5 Microns Inc. is delayed by more than 5 days from net invoice due date, whether the result of a failure or refusal to timely pay such charge or the return of a check for insufficient funds.

