



Rapid Response BioDecon, Inc.
A Clean Scene Fast

CREDIT CARD AUTHORIZATION

Date: _____

Name of Cardholder: _____

Company: _____

I acknowledge that I have placed an order for products and/or services with Rapid Response BioDecon, Inc. and authorize Rapid Response BioDecon, Inc. to charge my credit card in the amount shown below plus any applicable tax amount. Unless I indicate to keep this card on file by initialing below, it is my understanding that this form will be shredded after use.

Amount Authorized: \$ _____ (Plus Applicable Tax)

Credit Card Number: _____

Visa MasterCard Diner's Club

Expiration Date: _____ Security Code (3 or 4 Digit): _____

____ Initials Here indicate your desire to have RRBD use this authorization form for future purchases as well – unless indicated here, this form will be destroyed and a form re-submitted for future purchases.

Individual amount of future charges not to exceed: \$ _____

Signature of Cardholder: _____

Please Fill Out Completely and FAX or EMAIL to:

Rapid Response BioDecon Inc.

FAX Number - (866) 957-3424 Email: info@rapidresponsebiodecon.com
6860 Gulfport Blvd., #357 St. Petersburg, FL, 33743 866.98.DECON 866.983.3266
<http://www.rapidresponsebiodecon.com> <http://www.floridamethlabcleanup.com>