

# CREDIT CARD PROCESSING REQUIREMENTS

## ASSET Laboratories

3151 W. Post Rd., Las Vegas, NV 89118

Tel: 702.307.2659 Fax: 702.307.2691

**Please provide the following information needed for credit card payment processing:**

Company Name:	
DBA name (if applicable):	
Address (Billing):	
Address (Shipping):	
Type of Card:	<input type="checkbox"/> American Express <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> Discovery
Card Number:	
Expiration Date:	
Cardholder Name:	
Card Code for VISA and MC*	
Card Code for AMEX**	

\*Can be found on the signature line of the customer's card.

\*\*On the front of card.

**Please send to the attention of Glen Gesmundo**

**e-mail: [glen@assetlaboratories.com](mailto:glen@assetlaboratories.com)**

**Fax: 1.702.307.2691**

