



GLA

Gemological Laboratory of America

TRADE MEMBERS

Authorization Form

I (Name/Title) _____ representing
(Company) _____ authorize Gemological Laboratory of America, Inc. to
charge the following credit card for a deposit based on the estimated total amount due
per submission

Signature: _____ Date: _____

In addition, I authorize Gemological Laboratory of America, Inc. to charge this credit
card for the balance upon completion of the submission. This information must match
the information on your credit card account:

Signature: _____

Name on Card: _____

Credit Card: _____

Credit Card #: _____

Expiration Date: _____

Security Code: _____

Billing Address: _____

Zip Code _____

Phone: _____

Cell Phone: _____

This information is required so that in the event there is any problem with the credit
card processing, we will be able to contact you immediately. This will hopefully avoid
any shipping delays.