

Botany Evolution Laboratories

2510 Kirby Circle NE, Unit 110, Palm Bay, FL 32905

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SUBMISSION FORM

Contact Information:

Contact Name(s):		
Company Name:		
Street Address:		
City:	State:	Zip:
Phone(s):		
Email:		

How did you hear about us?

Sample Information:

Sample(s) Description:
Lot (Batch) Number(s):
Expiration Date(s):
Analysis/Test Requested:
Is eGMP Compliance Required? (extra charge may apply): YES (<input type="checkbox"/>) NO (<input type="checkbox"/>)
Storage Condition: Ambient (<input type="checkbox"/>) Refrigerator (<input type="checkbox"/>) Freezer (<input type="checkbox"/>)
Samples Disposition: Discard (<input type="checkbox"/>) Return/\$10 Extra (<input type="checkbox"/>) Store/\$25 Per Year (<input type="checkbox"/>)

Payment Information:

Total Lab Fee (See Attached): \$_____.____
Paid: Check No: (_____) Bank Deposit: (<input type="checkbox"/>) Credit Card: (<input type="checkbox"/>)
PayPal: KRAKATOALLC@GMAIL.COM (Send as Gift)
I accept the Terms & Conditions for this Project
Signed: _____ Date: _____
Print Name: _____

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One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **Botany Evolution, LLC** to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **Botany Evolution, LLC** to charge my credit card account indicated

(full name)

below for \$_____ on or after ____ / ____ / _____. This payment is for _____.

(amount)

(date)

(description of goods/services)

Billing Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name _____

Card Number _____

Expiration Date _____

CCV _____

SIGNATURE _____

DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.