

CREDIT CARD AUTHORIZATION FORM



Public Health Command Region – South
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FOR LABORATORY USE ONLY:

LAB ACCESSION NUMBER _____

OFFICIAL FORM: Fill in this form accurately so that we can process your information correctly.

OWNER INFORMATION

Date: _____

Name of Owner: _____

Email Address: _____

Phone: _____ Fax Number: _____

CREDIT CARD INFORMATION

Name on Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Description of Charge: _____ (i.e. FAVN, Miscellaneous Testing, Additional Copies, etc.)

CARD TYPE: VISA MASTER CARD

Card #: _____ Amount: _____

Exp. Date (MM/YYYY): _____ CVV Code: _____

Cardholder Signature (Required): _____

IMPORTANT NOTES:

- By signing this form, you authorize this transaction.
- If payment is declined, a delay in processing your sample may result.
- Please mail this form with the Laboratory Request Form.
- If this is an international charge, please contact your credit card company to preauthorize the charge.