

CREDIT CARD AUTHORIZATION FORM



DoD Food Analysis & Diagnostic Laboratory

ATTN: Diagnostic Receiving

Public Health Command Region – South

2899 Schofield Road, Suite 2630

JBSA Ft Sam Houston, TX 78234-7583

Phone: (210) 295-4605/4010/4387 (DSN: 421-XXXX) Fax: (210) 635-1025

Website:

<http://phc.amedd.army.mil/topics/labsciences/fad/Pages/FADLFormsandDocuments.aspx>

E-mail: USARMY.JBSA.MEDCOM.LIST.PHC-RABIES-FAVN-SA@MAIL.MIL

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. Upon receipt of your samples your account will be charged.
- If payment is declined, a delay in processing your sample may result.
- Please mail this form along with the Laboratory Request Form.
- If this is an international charge, please contact your credit card company to preauthorize the charge.