CREDIT CARD AUTHORIZATION FORM



DoD Food Analysis & Diagnostic Laboratory ATTN: Diagnostic Receiving Section Public Health Command, West (PHC, W) 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 E-mail: <u>USARMY.JBSA.MEDCOM.LIST.PHC-RABIES-FAVN-SA@HEALTH.MIL</u>

FOR LABORATORY USE ONLY:	
LAB ACCESSION NUMBER	

0	WNER INFORMATION	Date:		
Na	me of Owner:			
En	nail Address:			
	one:	Fax Number:		
CI	REDIT CARD INFORMATION			
Na	ame on Card:			
	lling Address:			
	ty:		Zip:	
CA	ARD TYPE: We accept VISA, MASTER ARD TYPE: We accept VISA, MASTER	CARD or DISCOVER. Fed NOT ACCEPTED	Ex Service : \$25.00	
Card #:				
Exp. Date (MM/YYYY):			CVV Code:	
Ca	rdholder Signature (Required):			
IM	IPORTANT NOTES:			
	The laboratory fee for FAVN testing is \$10 processing fee.	s \$70.00 per sample. Reiss	ued certified copies will incur a	
	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.			
۶	Please mail this form along with the Laboratory Request Form.			

- > Please anticipate four (4) weeks (business days ONLY) for the final results to arrive.
- To request finalized results sooner, there is a FedEx option for an additional charge of \$25.00. NOTE: FedEx shipping does not expedite testing.