

CREDIT CARD AUTHORIZATION FORM



DoD Food Analysis & Diagnostic Laboratory

ATTN: Diagnostic Receiving Section

Public Health Command – Central (PHC-C)

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

FOR LABORATORY USE ONLY:

LAB ACCESSION NUMBER _____

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, New Original, FedEx, etc.)

CARD TYPE: We accept VISA, MASTERCARD or DISCOVER. FedEx Service: \$25.00

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.
- Please anticipate three (3) to 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.**