

# Private Lab Results Credit Card Submission Form

Please indicate method of payment. All payments must be in US funds.

Visa

Mastercard

Discover

American Express

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Print name exactly as it appears on card: \_\_\_\_\_

Billing address: \_\_\_\_\_

\_\_\_\_\_

I agree to pay the total amount according to Card Issuer Agreement or Applicable Merchant Agreement

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Payments will not be processed without a signature.