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CLIA #03d2055105/CAP #1699747

Credit Card Authorization Form

Name on the Card _____

Type of Card: _____
(VISA, MASTERCARD, AMEX)

Credit Card Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Amount to be Charged _____

By signing this form you authorize *The University of Arizona Genetics Core Laboratory* to charge your card for the amount listed above.

Signature _____ Date _____