



VETERINARY GENETICS LABORATORY  
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DAVIS, CALIFORNIA 95616-8744

### Credit Card Authorization

VGL Office Use	
VGL Case #:	_____
Amt Charged:	_____
Date Charged:	_____

Credit Card Information	
Print customer name as it appears on card: _____	
Account Number: _____	Expiration Date: _____
Daytime Phone Number: _____	Card Type*: _____
Signature of Cardholder _____	
Total amount authorized to be charged**: _____	

**\*Accepted credit cards: American Express, Discover, MasterCard and VISA**

**\*\*Additional return shipping charges may be assessed**

Client's name as it appears on sample submission form: \_\_\_\_\_