

**Veterinary Genetics Laboratory
University of California**

Credit Card Authorization

VGL Office Use	
VGL Case #s:	_____
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**

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