Credit Card Payment Form

If paying by credit card, complete and sign this document and submit to Client Services via fax: 617-553-5842.

TEST ORDERED	TEST CODE	LIST PRICE
	TOTAL*	

*Amount charged to card may be less due to discounting options. If card will be charged more than amount noted here, Client Services will contact the cardholder.

Card Type

☐ VISA ☐ Mastercard ☐ American Express

Credit card number

Expiration (mm/yy) Security Code (3 or 4 digits)

Billing Address City State Zip

Contact phone number

Payment by credit card: I hereby authorize Claritas Genomics to bill my credit card as indicated above.

Cardholder's printed name as it appears on the card

Signature Date

For receipt, print email address clearly

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