



Credit Card Payment

Classification	ID	Revision	Effective Date
S-ADM-F	11411	2	4/8/2015 4:03:28 PM

Texas A&M Veterinary Medical Diagnostic Laboratory
 PO Drawer 3040
 College Station TX 77841
Phone: 979-458-3207 • Fax: 979-458-3260 Visit our Web Site at tvmdl.tamu.edu

CREDIT CARD BILLING INFORMATION (Please Print):

Client / Clinic Name:			
Cardholder's Name: (as it appears on card)			
Credit Cards Accepted:	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		
Credit Card Number:			
Expiration Date:		CV2 (3 digit code on back):	
Billing Address:			
City:			
State:			
Zip / Postal Code:			
Country:			
Phone Number:			
Fax Number:			
Email:			

Card Holder's Signature: _____ Date: _____

Please note: Credit card information will be destroyed once the payment has been processed. TVMDL does not retain credit card data.

Do not write below this line

FOR TVMDL USE ONLY

Accession #: _____

Estimated Charge: _____

TVMDL Account #: _____

Phone Payment Amount: _____

TVMDL Staff Member _____

Date: _____