





Credit Card Authorization Form

<b>We Accept:</b>	   	<b>Card Number:</b> _____	
<b>Name of Cardholder:</b>	_____	<b>Exp Date:</b> _____	<b>CVV #:</b> _____
<b>Billing Address:</b>	_____		
<b>State:</b>	<b>Zip Code:</b>	<b>Cardholder Telephone:</b>	_____
<b>Cardholder Signature:</b>	_____		
<b>I authorize Access Genetics, LLC to charge the above credit card for the tests ordered by my physician.</b>			