



VETERINARY GENETICS LABORATORY  
SCHOOL OF VETERINARY MEDICINE  
TELEPHONE: (530) 752-2211  
FAX: (530) 752-3556

ONE SHIELDS AVENUE  
DAVIS, CALIFORNIA 95616-8744

### Credit Card Authorization Form

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: \_\_\_\_\_