Credit Card Authorization

EQUINE EMBRYO LABORATORY FEES

AgriLIFE **RESEARCH**
Texas A&M System

Please note that while fees for oocyte, embryo, or tissue *collection* are charged by Veterinary Medical Teaching Hospital at Texas A&M or by your veterinarian, costs of working with your oocytes, sperm, embryos or tissue in the Equine Embryo Laboratory are charged directly to you by the laboratory.

You will receive an invoice from the Equine Embryo Laboratory for this work. You can pay either by credit card, which incurs a 3.1% processing fee, or by cash or check to Texas AgriLife Research. If you choose to pay by cash or check, if payment is not received within 60 days of billing, we will charge your credit card for the amount of the invoice, plus the 3.1% credit card fee.

By filling out and signing the credit card authorization below, you authorize AgriLife Research to charge to your credit card the costs and fees incurred, as outlined above. *Note: On the form below, the amount and invoice number will be entered by us at the time of the charge*. Credit card information is **REQUIRED,** regardless of the form of payment checked below.

☐ **I choose to pay by check or cash to Texas AgriLife Research**
   Credit card authorization will be held, and charged only if payment is not received within 60 days of billing.

☐ **I choose to pay by credit card to Texas AgriLife Research (incurs a 3.1% processing fee).** Credit card will be charged at the time of invoicing.

Please fax (979-845-0967) or email (MStokes@cvm.tamu.edu) signed authorization to our office.

Questions? Contact Kindra Rader (979-458-3894) or Melissa Stokes (979-845-7077)

AG-223B (7/10)

Texas A&M AgriLife
Administrative Services – Cash Management

AgriLIFE **RESEARCH**
Texas A&M System

Credit Card Authorization

Texas AgriLife Research Cash Management accepts MasterCard, Visa, Discover, and American Express.
A valid zip code and daytime phone number are required.

☐ MasterCard   ☐ Visa   ☐ Discover   ☐ American Express

Cardholder's Name: _____   *Cardholder's Signature:* _____

Cardholder Zip Code: _____   *Cardholder Daytime Phone:* _____

Credit Card #: _____   *Exp. Date:* _____   *Amount: $_____*

Cash Receipt/Invoice Number: _____