

# CREDIT CARD AUTHORIZATION

## JOHNS HOPKINS UNIVERSITY

DNA DIAGNOSTIC LAB  
 1812 Ashland Ave, Suite 226  
 Baltimore, Maryland 21205  
 P: 443-287-2486 F: 410-367-3266  
 singram1@jhmi.edu



CREDIT CARDHOLDER INFORMATION (Please Print)					
NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	VISA	MC	AMEX	DISCOVER	
TYPE OF ACCOUNT	PERSONAL		BUSINESS		
ACCOUNT NUMBER					
EXPIRATION DATE		3 or 4 DIGIT SECURITY CODE*			
BILLING ADDRESS					
CITY		STATE		ZIP CODE	
PHONE		FAX		EMAIL	
AUTHORIZATION OF CARD USE					
<ol style="list-style-type: none"> <li>1. I certify that I am the authorized holder and signer of the credit card referenced above.</li> <li>2. I certify that all information above is complete and accurate.</li> <li>3. I hereby authorize the collection of payment for all charges.</li> </ol>					
CARDHOLDER NAME (Please Print)					
SIGNATURE			DATE		

\*3 or 4 DIGIT SECURITY CODE

