

# CREDIT CARD AUTHORIZATION

## JOHNS HOPKINS UNIVERSITY

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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					
1. I certify that I am the authorized holder and signer of the credit card referenced above. 2. I certify that all information above is complete and accurate. 3. I hereby authorize the collection of payment for all charges.					
CARDHOLDER NAME (Please Print)					
SIGNATURE			DATE		

\*3 or 4 DIGIT SECURITY CODE

