Space Reserved for Laboratory Document Management Bar Code

Bar Code Label Only

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NMS Labs CREDIT CARD AUTHORIZATION FORM

All fees must be pre-paid prior to beginning any testing/services as a result of the testing/services ordered on this case.

By signing below, the credit card holder agrees to pay all fees associated with the testing services requested by the authorized agent ordering such services. When the specimen is submitted, the credit card holder will be billed upon completion of all testing. Invoices are generated at the end of each month. The charge(s) will appear on your credit card statement as "National Medical Services."

Please provide the Visa, MasterCard or American Express card number, expiration date, security code *(3-digit code on the back of the card at the end of the card number)* and name as it appears on the card.

Note: Personal checks are not accepted.

Card Holder Name: _____

Name as it appears on card (if different): _____

Billing Address: _____

_____

_____

Credit Card Information:

Visa #: _____ Exp. Date: _____ 3-digit security code: _____

MasterCard #: _____ Exp. Date: _____ 3-digit security code: _____

American Exp #: _____ Exp. Date: _____ 4-digit security code: _____

Card Holder's Telephone #: _____

NMS Labs will not discuss any information concerning the case with any facility/agency or individual without written permission from the client facility/agency submitting the sample(s). The submitting client on record is the authorized agent ordering the analyses and the location to receive the final results (unless otherwise instructed).

I hereby authorize NMS Labs to charge the credit card number I have provided as payment for all analyses associated with the submitted case.

Credit Card Holder
Signature: _____ Date: _____

For NMS Use Only:

CSR: _____ Date Sent: _____

CREDIT AUTHORIZATION