Toxicology and DNA Global Services

9740 Campo Rd # 151

Spring Valley, CA 91977

Credit Card Acceptance Form

Cardholders Name
_____

Credit Card Billing Address
_____

City _____ State _____ Zip Code _____

Phone _____

Email _____

Acct.# _____ Card Expiration Date: Month _____Year_____

CCV number - Three (3/4) digits above your signature _____

Amount to debit:

_____ Total testing fees

_____ (Add $20.00 - Return my report by UPS)

_____ Add 5% - Credit or debit card service fee

_____ Total Transaction

Cardholder's Signature (required)
_____

Date (required) _____

Printed Signature (required)
_____

Refund Policy: If your test is in progress, no refund will be received.

The cardholder will receive an email receipt referencing this debit.