



CLIA certified: 43D0975076

Brookings Research & Technology Center
807 32nd Avenue Brookings, SD 57006

CREDIT CARD AUTHORIZATION FORM

Date _____

PATIENT INFORMATION

Physician / Clinic _____

Patient Name _____

Daytime Phone Number _____

Email Address _____

CREDIT CARD INFORMATION

Check One: Discover Mastercard Visa

Card Holder's Name _____

Card Holder's Billing Address _____

Credit Card Number _____ Security Code _____

(3 digit number found on back of card)

Expiration Date _____

Amount \$ _____

Card Holder's Signature _____

PLEASE FAX THIS FORM TO 605-692-9730 — DO NOT SEND WITH TANK.