

ENVIRONMENTAL CREDIT CARD AUTHORIZATION ACCOUNT BILL

(TO BE FILLED OUT BY THE PATIENT/CARD HOLDER)

Completing this form authorizes RealTime Laboratories, Inc.(RTL) to charge the following credit card for services and/or purchases at RTL until the card owner notifies RTL that the authorization is no longer valid. The charge will be in U.S. dollars. I accept responsibility for payment of all charges incurred and placed on this credit card by RealTime Laboratories, INC.

Bill to Name as it appears on the credit card: (PRINTED):

(PHONE): ____ - ____ - _____

COMPANY'S NAME

Credit Card: Visa / MasterCard / American Express / Discover / Health Savings Account

Number: _____ **Expiration Date:** _____ / _____
(Month) (Year)

Credit Card billing address: (PRINTED)

Address: _____ **Apt/Suite:** _____

City: _____ **State:** _____ **Zip Code** _____ **Country:** _____

Authorized \$ _____ **to be billed on the above credit card.**
(U.S. DOLLARS)

Authorization Signature: _____ **Date:** _____

TO BE COMPLETED BY REALTIME LAB PERSONNEL

DATE: _____ **PERSONNEL INITIALS:** _____ **RTL ACCESION#** _____

