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ENVIRONMENTAL CREDIT CARD AUTHORIZATION

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

Completing this form authorizes RealTime Laboratories, Inc.(RTL) to charge the following credit card for services and/or purchases at RTL. 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: _____ - _____ - _____

Customer Name: Last _____ First _____
(PRINTED) (PRINTED)

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 _____

I understand that all test(s) are PREPAID:

- D8400 Total Environmental Mycotoxin Panel: \$319**
- M8400 Mold Assessment Panel: \$100**
- R8700 EMMA: \$399 (Environmental Mold and Mycotoxin Assessment)**

*We are unable to send emails containing private health information without written consent by the patient/responsible party. If you would like your paid receipt/invoice emailed to you please request by adding your email here: _____.

Authorization Signature: _____ **Date:** _____

TO BE COMPLETED BY REALTIME LAB PERSONNEL:

Date _____ Personnel Initial's _____ RTL Accession # _____

Notes: _____