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## **VETERINARY CREDIT CARD AUTHORIZATION**

**(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. 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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Pet / Patient's Name:** Name \_\_\_\_\_  
(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:**

**Total Veterinary Mycotoxin Panel: \$399**

**Total Veterinary Mycotoxin Panel (Tissue): \$699**

**Authorization Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO BE COMPLETED BY REALTIME LAB PERSONNEL:**

Date \_\_\_\_\_ Personnel Initial's \_\_\_\_\_ RTL Accession # \_\_\_\_\_

Notes: \_\_\_\_\_