



## 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following credit card for services and/or purchases at RTL until the card owner notifies RTL that the authorization is no longer valid.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: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Patient's Name:** \_\_\_ Same as above \_\_\_ Other:

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 \_\_\_\_\_

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

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

TO BE COMPLETED BY REALTIME LAB PERSONNEL:

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

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