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Website: www.RealTimeLab.com * CLIA #: 45D1051736 * Tax ID #: 45-0669342

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:

Total Environmental Mycotoxin Panel: \$299

EMMA: \$399 (Environmental Mold and Mycotoxin Assessment)

Other Test # _____ \$ _____

Authorization Signature: _____ **Date:** _____

TO BE COMPLETED BY REALTIME LAB PERSONNEL:

Date _____ Personnel Initial's _____ RTL Accession # _____

Notes: _____