BAYLOR GENETICS
2450 HOLCOMBE BLVD.
SUITE 2210
HOUSTON, TX 77021-2024

PHONE
1.800.411.4363
FAX
1.800.434.9850

CONNECT

CREDIT CARD AUTHORIZATION FORM

This form is used to establish billing and authorize payment for Baylor Genetics laboratory testing services. Please complete all required fields and submit with your specimen or account setup materials. For international and prepaid clients, a valid credit card authorization is required prior to processing.

INSTITUTION INFORMATION

Institution Name _____ Department / Division _____

Authorized Agent _____ Email _____ Phone _____ Fax _____

Billing Address _____ City _____ State _____ Zip _____

Signature _____ Date (MM / DD / YYYY) ____ / ____ / ____

Payment Term _____

Payment terms are net due unless otherwise specified in a signed Laboratory Service Agreement (LSA).

International clients are required to prepay for services unless an approved credit arrangement is established. Credit card authorization is required prior to sample processing.

PAYMENT METHOD & DETAILS

☐ Credit Card (select one) ◯ Visa ◯ Master Card ◯ American Express ◯ Discover

Credit Card # _____ Expiration Date (MM / YY) ____ / ____ CVV / Security Code _____

Billing Address _____ City _____ State _____ Zip _____

Cardholder Printed Name _____ Cardholder Signature _____

☐ Check/Money Order

Payable To:
Baylor Genetics
2450 Holcombe Blvd Ste 2210
Houston, TX 77021-2024

☐ Wire Transfer

PAYMENT AUTHORIZATION

By signing this form, I authorize Baylor Genetics to charge the credit card listed above for laboratory testing services associated with submitted specimen(s). I certify that I am an authorized user of this credit card and have the authority to approve these charges. I agree to pay all charges in accordance with the issuing bank cardholder agreement.

Printed Name _____ Signature _____ Date (MM / DD / YYYY) ____ / ____ / ____

Institution Account ID (assigned by Baylor Genetics: _____