



**Veterinary Diagnostic Laboratory**  
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## Credit Card Authorization Form

Securely Attach This Completed Form to Submission Form or Fax to the Business Office  
\*NOTE - Your card will be processed AFTER the testing is complete UNLESS special handling is required.  
Please allow up to 4 weeks\*

Today's Date: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Name on card: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Please complete as much of the following information as possible.*

Account #: \_\_\_\_\_ Invoice #: \_\_\_\_\_ Accession #: \_\_\_\_\_

Animal ID/Microchip #: \_\_\_\_\_

Description of Charge: \_\_\_\_\_

CARD TYPE:  VISA  MC  DISC  AMEX Amount: \$ \_\_\_\_\_

Card #: \_\_\_\_\_

Exp. (MM/YYYY) \_\_\_\_\_ / \_\_\_\_\_

*By signing this form, you authorize this transaction. If your payment is declined, the submitting clinic will be held responsible for the charges.*

Cardholder Signature (Required) \_\_\_\_\_

Receipt?  YES  NO If yes:  FAX  MAIL  EMAIL

If this is an international charge, please contact your credit card company to preauthorize this charge.

*Veterinary Diagnostic Laboratories is an operating division of KDA5, INC.*