

AUTOPSY AND PATHOLOGY SERVICES, P.A.

3007 WOODLAND HILLS DR. #123
KINGWOOD, TEXAS 77339-1403

24 HOURS: (713) 810-8360

OFFICE: (281) 359-1953

FAX: (281) 657-6834

CREDIT CARD FORM

(Please print as neatly as possible)

AMOUNT CHARGED \$ _____

Card Type (circle one): Visa MasterCard Discover American Express

Account Number _____

Expiration Date _____

The back of your credit card may have a three digit security number located on or near the signature line. Please enter that three digit number here: _____.

Card holder name (please print) _____

Address where card holder receives their monthly credit card statements:

Address: _____

City and State: _____

Zip code: _____

I AGREE TO PAY ABOVE AMOUNT ACCORDING TO CARD ISSUER.

Signature of Card Holder _____

Date signed: _____

PLEASE WRITE NEATLY AND COMPLETE ALL LINES-DO NOT LEAVE ANY BLANKS!