AUTOPSY AND PATHOLOGY SERVICES, P.A.
3007 WOODLAND HILLS DR. #123
KINGWOOD, TEXAS 77339-1403

24 HOURS: (713) 200-0173
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

Card 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!