

**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*

**COMPLETE ALL BLANKS EXCEPT CARD NUMBER**

AMOUNT CHARGED \$ \_\_\_\_\_

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

Card Number            IN ORDER TO BE IN COMPLIANCE WITH THE PAYMENT CARD INDUSTRY  
DATA SECURITY STANDARD (PCIDSS) PLEASE CALL OUR OFFICE WITH  
YOUR CARD NUMBER AT 281-359-1953

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!***