

**Michael A Ceballos, Director Governor Mark Gordon**

**Wyoming Public Health Laboratory**

**Combined Laboratories Facility Chemical Testing Program**

**208 S. College Drive, Cheyenne, WY 82002 Microbiology Program**

**Phone: 307-777-7431 - Fax: 307-777-6422 Water Testing Program**

CREDIT CARD AUTHORIZATION FORM TODAY’S DATE:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| NAME OF PERSON CALLING: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMPANY NAME: (if applicable) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CREDIT CARD NUMBER: | | | | | | |  | |  | | |  | |  | | | | - | |  | |  |  | | |  | | - | |  | |  |  | |  | | - |  |  | |  |  |
| EXPIRATION DATE: | MO: | |  | | | YEAR: | | | |  | | | | | | CV CODE: | | | | | | | |  | | | | | | | VERBAL PHONE AUTHORIZATION: | | | | | | | | | Yes  No | | |
| NAME AS IT APPEARS ON THE CARD: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BILLING (STREET) ADDRESS: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BILLING (CITY) ADDRESS: | | | |  | | | | | | | | | | | | | | | | | | | | BILLING ZIP CODE: | | | | | | | | | | | |  | | | | | | |
| PHONE NUMBER: | |  | | | | | | | | | | | | | FAX NUMBER: | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| INVOICE NUMBER: | |  | | | | | | | | | | | INVOICE AMOUNT: $ | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| CUSTOMER WANTS A RECEIPT: | | | | | Yes | | | No | | | Mail | | | | | | Fax | | | | Email | | | | Email  Address: | | | | | | | | | | | | | | | | | |
| INFORMATION TAKEN BY: | | | | |  | | | | | | | | | | | | | | AMOUNT PROCESSED: $ | | | | | | | | | | | | | | |  | | | | | | | | |

Shred this section after processed & receipt sent to customer

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FOR PHL USE ONLY:

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| --- | --- | --- | --- |
| CC PROCESSED BY:  Attach Merchant Copy Here |  | Chemistry Kits: | $ |
| DATE PROCESSED: |  | Micro Tests | $ |
| Notes: | |  | $ |
| Invoice #: | |  | $ |
| Name: | |  | $ |
| Company: | |  | $ |
| Entered in Deposit Log\_\_\_\_\_\_\_  Entered in LIMS\_\_\_\_\_\_ | |  | $ |

Attach this section to terminal report