

 **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:

|  |  |
| --- | --- |
| NAME OF PERSON CALLING: |  |
| COMPANY NAME: (if applicable) |  |
| CREDIT CARD NUMBER: |  |  |  |  | - |  |  |  |  | - |  |  |  |  | - |  |  |  |  |
| EXPIRATION DATE: | MO: |  | YEAR: |  | CV CODE: |  | VERBAL PHONE AUTHORIZATION: | YesNo |
| 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 | EmailAddress: |
| 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