



WVS Lab

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Dear WVS Lab Customer,

Thank you for choosing WVS Lab for your BioPRYN and other testing needs. To make a one-time payment by credit card (Visa, MasterCard or Discover), please include the credit card information below. Include this document with your sample submission form when you submit samples, mail the form separately in an envelope to WVS Lab, or if you would like to you can include it as an attachment in an email to bloodlab@waupunvet.com

Name:

Address:

State:

Email:

Credit Card Information

Name on card:

Card number:

Zip code:

Company name:

City:

Phone number:

Type of credit card:

Expiration date:

Card billing address (if different from above):

3 digit code on back of card:

Check box to receive copy of paid invoice by email

Fill out the information below to keep credit card information on file.

In an effort to ensure your privacy, please sign below and verify that you wish for us to keep your credit card information on file for future payments. After we receive your signed approval, to preserve overall security we will contact you directly to verify the correct credit card number, expiration date, and CVV number. You may contact us at any time in the future to remove your credit card information.

I approve WVS Lab to keep my credit card number on file for payment purposes only.

Signed:

Phone:

If you have any questions regarding billing, please contact us Monday through Friday between 8:00 am to 4 pm Central time.

Thank you in advance