



Tools for Pathways to Biological Insights and Novel Pharmaceuticals™

Genpathway, Inc.
Tel: 858.457.3250
Fax: 858.457.3202

Credit Card Information Form

Company Name _____

Genpathway Quote # _____ Invoice # _____

Invoice Amount \$ _____

Order Date _____

Credit Card Type Mastercard Visa

Credit Card # _____ - _____ - _____ - _____

Expiration Date ____ / ____ (MM/YY)

CVV ____ (3 digit security code on the signature strip on the back of the card.)

Full Name as it appears on Credit Card _____

Billing Address Street _____

Billing Address City, State, Zip _____

Telephone # _____

The signature and initials below signify that you hereby authorize Genpathway to charge the credit card listed above for the services indicated on the Quote/Invoice listed above. Please read and initial the statements below and sign indicating your authorization to charge the credit card listed having been issued to you, the cardholder. Without this form signed, we will not authorize the charge to be added to your card. Please contact us with any questions regarding this form.

I authorize Genpathway to charge my credit card in the amount of

\$ _____ from the credit card account listed above. I understand this will post as a charge on the credit card account listed below and that I authorize such charge.

Initial here: _____

Initial here: _____ I have read and understand the cancellation policy as disclosed below:

Orders for services cannot be cancelled for any reason after samples for this order have been received by Genpathway, Inc.

Cardholder Signature _____

Fax this form to (858) 457-3202 when completed.