

PAYMENT FORM

FAX or mail this form for payment of DNA testing by Credit Card

To: Alan Wilton
School of Biotechnology
UNSW
Australia

Fax +61 2 9385 1483 International - 02 9385 1483 within Australia

From (name) _____

Phone _____

Email _____

Date _____

Please charge my credit card for payment for the amount of \$ _____
for testing for CL in the following dogs:

- | | |
|----|----|
| 1. | 5. |
| 2. | 6. |
| 3. | 7. |
| 4. | 8. |

Type of Card VISA or MasterCard (only these are accepted)

Cardholder's name: _____

Signature: _____

Card No. _____

Expiry
Date: _____