

## 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: \_\_\_\_\_