



MEDICAL DIAGNOSTIC LABORATORIES, L.L.C.

CREDIT CARD SUBMISSION FORM

Name of Cardholder: _____

Address: _____

Phone: _____

Please check credit card payment type:

Visa Master Card Discover American Express

\$20 Check enclosed for Shipping and Handling Fees*

**Shipping and Handling Fees are not applicable to Medicare Subscribers*

Account Number: _____

Expiration Date: _____

Amount to be charged: \$ _____ + \$20.00 Shipping & Handling = \$ _____

Signature: _____

For MDL Office Use Only - Please Do Not Write Below This Line

Auth: _____ Initial / Date: _____