



CREDIT CARD FORM

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**Credit Card Payment**

\_\_\_\_\_ *I authorize Bactes to charge my credit card for the amount stated below.*

*(Please Initial)*

\_\_\_\_\_ (\_\_\_\_\_/\_\_\_\_\_)

Credit Card Number

Expiration Date

\$30.00 Amount to Charge Account

X \_\_\_\_\_

Signature of Cardholder

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Name on Credit Card (Please Print)

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Billing Address of Cardholder

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City, State, Zip Code

***(Please do not write below this line, for Bactes Use Only)***

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Field Request ID