

THE UNIVERSITY OF TEXAS



CREDIT CARD CHARGE AUTHORIZATION

I, _____, AUTHORIZE THE UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER, REVERSE PHASE PROTEIN ARRAY (RPPA) CORE TO CHARGE MY **VISA / MASTERCARD / AMEX** IN THE AMOUNT OF

\$ _____.

FOR: _____
PRINCIPAL INVESTIGATOR OR LAB

CARD #: _____

EXP. DATE: _____ SEC. CODE: _____

AUTHORIZED CARD HOLDER:

PRINT

AUTHORIZED CARD HOLDER:

SIGNATURE

DATE: _____

CARD HOLDER'S CONTACT **PHONE**: _____

CARD HOLDER'S CONTACT **EMAIL**: _____

FOR M.D. ANDERSON USE ONLY

CO/CTR/ACCOUNT:

Please contact Doris Siwak with any questions and to return this form to ccsgrppa@mdanderson.org.