

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](mailto:ccsgrppa@mdanderson.org).*