



CHARGE AUTHORIZATION

I \_\_\_\_\_ AUTHORIZATION THE  
UNIVERSITY of TEXAS M.D. ANDERSON CANCER CENTER, TRESURY  
SERVICES DEPARTMENT, TO CHARGE MY **VISA / MASTERCARD/ AMEX** IN  
THE AMOUNT OF \$ \_\_\_\_\_.

FOR: \_\_\_\_\_

CARD# \_\_\_\_\_

EXP. DATE: \_\_\_\_\_

AUTHORIZE CARD HOLD:

\_\_\_\_\_  
**SIGNATURE**

AUTHORIZE CARD HOLD:

\_\_\_\_\_  
**PRINT**

TODAYS DATE: \_\_\_\_\_

CARD HOLDER'S CONTACT **PHONE:** \_\_\_\_\_

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FOR M.D. ANDERSON USE ONLY:  
CO/CTR/ACCOUNT:

\_\_\_\_\_  
RECEIVED IN TREASURY SERVICES:

BY: \_\_\_\_\_

Please Contact Keri Sherman with any questions. You can email this form to  
[proteomicfacility@mdanderson.org](mailto:proteomicfacility@mdanderson.org)