



**Texas AgriLife Extension**  
**Soil, Water & Forage Testing Laboratory**  
 Room 343 Soil & Crop Sciences – Heep Center  
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 (979) 845-4816  
**Payments (979) 862-3797**



**CREDIT CARD AUTHORIZATION FORM**

Payment by credit card must be completed by filling out below or contacting our office by phone for each transaction. **Indicate the type of card being used, CARDHOLDER name, address & zip code; credit card #, expiration date, 3 digit security code on back of card, amount and invoice numbers being paid. ALL areas below are required to process this payment (exceptions would be Amount and Invoice #'s if you have not yet had a new invoice generated and are sending this in with a new sample(s). Please provide a daytime phone #.**

**Master Card**       **Visa**      **Cardholder's Name (Printed)** \_\_\_\_\_

**Cardholder's Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Credit Card #:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      **Exp Date:** \_\_\_\_\_ / \_\_\_\_\_      **Security Code (3 digit on back)** \_\_\_\_\_

**Amount \$** \_\_\_\_\_ **Invoice number(s) to be paid:** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_