



1150 Alturas Drive, Suite 105
Moscow, ID 83843

Phone: (208) 882-9736

Fax: (208) 882-1490

biotracking@biotracking.com

www.biotracking.com

Dear BioTracking Customer,

Thank you for choosing BioTracking for your BioPRYN and other testing needs. To make a one-time payment by credit card (Visa, MasterCard or Discover), please include the credit card information below. Include this document with your sample submission form when you submit samples, mail the form separately in an envelope to BioTracking Inc, or if you would like to you can include it as an attachment in an email to ar@biotracking.com

Name: _____ Company name: _____
Address: _____ City: _____
State: _____ Zip code: _____ Phone number: _____
Email: _____

Credit Card Information

Name on card: _____ Type of credit card: _____
Card number: _____ Expiration date: _____
Card billing address (if different from above): _____
3 digit code on back of card: _____ Check box to receive copy of paid invoice by email

Fill out the information below to keep credit card information on file.

In an effort to ensure your privacy, please sign below and verify that you wish for us to keep your credit card information on file for future payments. After we receive your signed approval, to preserve overall security we will contact you directly to verify the correct credit card number, expiration date, and CVV number. **You may contact us at any time in the future to remove your credit card information.**

I approve BioTracking to keep my credit card number on file for payment purposes only.

Signed: _____

Phone: _____

If you have any questions regarding billing, please contact us Monday through Friday between 8:30 am to 2:30 pm Pacific.

Thank you in advance,
Penny Borden
BioTracking Inc.