

**BRT Laboratories, Inc.
Genetic Testing/Customer Service**

CUSTOMER SERVICE DIVISION QUALITY PLAN

Credit Card Payment by Fax

Case #: _____

Reason for Charge: Testing Fee: _____ Shipping Fee: _____ Other: _____

Amount of Charge: _____ Card Type: Visa or MasterCard (circle one)

Card #: _____ Exp. Date: _____

Name of Cardholder : _____

Daytime Phone # for Caller: _____

Cardholder's Signature: _____

Please Fax to Customer Service at 410-383-0938

For BRT Staff Use Only:

Case Type: _____ Country: _____

Charge Accepted: Declined:

Charge Run by: _____ Date of Charge: _____

NOTE: A copy of this form should be included with the charge ticket and attached to the cash sheet.

Please Return to Appropriate Department for Processing

Form QA-413 (3). Section: Customer Service SOP

Date Written: 8/7/2002

Date Modification Written: 1/15/2008

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