



METABOLON®

Where **knowing** comes to **life™**

CREDIT CARD FORM

To remit payment with U.S. bank issued credit card, complete form and send to our secure fax 1.919.287.2778.

PAYMENT INFORMATION

Customer Reference #: _____

Cardholder First and Last Name: _____

Charge Amount: \$ _____

Card Number: _____

WE ACCEPT VISA, MASTERCARD, DISCOVER AND AMEX

Expiration Date: _____ / _____ Security Code: _____
MONTH YEAR

BILLING INFORMATION

Street Address: _____

City: _____ State: _____ Postal Code: _____

Country: _____

Cardholder Signature: _____

This charge will appear on your credit card statement as Metabolon, Inc.

For questions regarding billing, contact Client Services by email PMInfo@metabolon.com or call +1 919-572-1711.