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Dear Bio Preg Check Customer,

Thanks for choosing Bio Preg Check for your testing needs. To make a onetime payment by credit card, please include credit card information below. Include this document with submission form when you submit samples.

Name _____ Company name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Phone number: _____

Email: _____

Credit Card Information

Name on card: _____ Type of credit card: _____

Card number: _____ Exp. Date: _____

Card billing address (if different from above): _____

3 digit security code: _____

I approve Bio Preg Check LLC to use the above credit card for payment purposes only of samples being submitted.

Signed: _____ Date: _____

Phone: _____

If you have any questions please contact Teresa Schwertner 979-533-0858 regarding any billing questions. Also there is a 4% Transaction Fee and \$1.00 Credit Card fee added to testing amount.