



222 Carmen Lane, Ste #101–Santa Maria, CA 93458 – (805) 349-0558 / Fax: (805) 349-0811  
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## Credit Card Transaction

Prepared by: \_\_\_\_\_

Master Card       Visa       Date: \_\_\_\_\_ Time: \_\_\_\_\_

Card Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_    3-digit CVV code: \_ \_ \_

Expiration Date: \_\_ / 20 \_\_

Name on Credit Card: \_\_\_\_\_

Card billing street address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_ / \_\_\_\_ / \_\_\_\_    Charge Amount: \$ \_\_\_\_  
**(DOT only if a retest is requested an additional fee of \$160.00 will be processed)**



For the following service: \_\_\_\_\_

Performed for (donor name): \_\_\_\_\_

Company Name (or private pay): \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Cross-reference to Specimen ID# or Invoice#: \_\_\_\_\_

Card Authorizing Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Other Comments: