



## Eurofins Calscience, Inc.

### BANKING INFORMATION

### CREDIT CARD PAYMENT REQUEST

Date: \_\_\_\_\_

Customer ID: \_\_\_\_\_

To: Accounts Receivable

From: \_\_\_\_\_

Company: Eurofins Calscience, Inc.

Company: \_\_\_\_\_

Fax: 717.656.0450

Fax: \_\_\_\_\_

Phone: 717.656.2300 x1746

Phone: \_\_\_\_\_

Email: [AR\\_PA@EurofinsUS.com](mailto:AR_PA@EurofinsUS.com)

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

Do you need a copy of the receipt: \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ USPS

Total No. of Pages Including Cover: \_\_\_\_\_

### CREDIT CARD INFORMATION

Credit Card #: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Statement Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

☐

*Please check here if you would like your credit card billed monthly*

Invoice Number	Amount

Eurofins Calscience, Inc. – Accounts Receivable – 2430 New Holland Pike, Suite 300  
Lancaster, PA 17601

Phone: (717) 656-2300 \* 1746 – Fax: (717) 656-0450

[www.EurofinsUS.com](http://www.EurofinsUS.com)

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