



Laboratory Tests: \_\_\_\_\_ **EUR** (Please calculate the costs for all the tests you like together)

- Prepayment to account / bank: Kreissparkasse Augsburg**  
**IBAN: DE36 7205 0101 0030 4687 89 • BIC: BYLADEM1AUG**
- Maestro (1,0%)**
- credit cards (3,25%)**

**Name as appears on credit card:**

**Credit Card Number:**

**CVV: Card Validation Code:**

**Expiration Date:**

**Amount:**

**Payment Agreement:**

I give permission for Infectolab-Vet to process the laboratory order form and laboratory tests. I am aware that the costs will not be covered by my health insurance company. Furthermore, I agree to send a **pre-payment** for all laboratory tests in advance. Results will not be sent out until the full invoice is paid.

I agree that the full amount will be charged to my credit card information given above.

**Date and Signature:** \_\_\_\_\_