

PAYMENT FORM

DATE:/...../.....

LABORATORY NAME:

PATIENT NAME SURNAME:

TEST NAME:

PRICE:

Payment is possible by WIRE TRANSFER or CREDIT CARD

1. PAYMENT BY WIRE TRANSFER

Please transfer the amount to the bank account at the DenizBank (Tozkoparan Şub. İstanbul/Turkey)

IBAN (EURO): TR530013400000325279300024

Amount:

2. PAYMENT BY CREDIT CARD

Please fill out, and sign and FAX back to 0090-(212)-481-48-11.

Visa MasterCard Amount:

Name: _____

Card Number: ____/____/____/____ Expires: ____/____

CVC code: _____ (See back card; last 3 numbers)

I hereby authorize BURC Genetic Diagnostic Center to bill my credit card for the above amount.

Signature: _____

Date: ____/____/____