

Charge Card Authorization

I authorize MD Anderson, RDS department to charge my (select one):

AMERICAN EXPRESS

DISCOVER

VISA

MASTER CARD

For TLD Services Invoice #: **MDA** _____ Amount\$ _____

Name of Card holder: _____

Card #: _____ Exp. Date: _____

Security Code: _____ Zip Code: _____

Phone #: _____

Fax #: _____

Email: _____

Return Receipt Requested: YES (please include email above) NO

Signature: _____ Date: _____

Received in RDS:

By: _____ Date: _____

For Internal Use Only: RDS Tax ID: 74-600-1118

This form must be filled out completely. Call RDS at (713) 745-8999 to provide this information by phone, fax completed request to (713) 745-4781 or email to RDS_Receivables@mdanderson.org