



CONFIDENTIAL FACIMILE

University of Iowa Viral Vector Core Facility
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FROM:

Principal Investigator Name: _____

Institution: _____

Telephone: _____

Fax Number: _____

Date Faxed: _____

CREDIT CARD INFORMATION

Please Note: The credit card details listed below are pertinent for one transaction only. A new form needs to be completed for each transaction. Credit card details will only be accepted by fax and must be signed by the cardholder. For security purposes, **please do not send this information by email.**

Type of Card: Visa Mastercard

Name on the Card: _____

Card Number: _____

Expiration Date: _____

Amount to be Charged (please include packaging/handling fee and shipping fee): _____

Cardholder Signature: _____

Please specify to whom and where the transaction receipt should be mailed.

Name: _____

Address: _____

City/State/Zip: _____

VIRAL VECTOR CORE OFFICE USE ONLY BELOW

Invoice #:	Amount Charged:
Confirmation #	Employee Initials: