



Request for Courier Delivery and Authorization of Payment

K-State Rabies Laboratory

Manhattan/K-State Innovation Center
2005 Research Park Circle
Manhattan KS 66502

tel: 785-532-4483
fax: 785-532-4474
www.vet.ksu.edu/rabies

Please select one of the below methods of payment:

- I authorize the K-State Rabies Laboratory to send rabies serology results by courier. I understand that my shipping account will be charged for all shipping fees incurred.

Animal Microchip Number(s): _____

Please charge my: Federal Express DHL account number or UPS account number

Account Number: _____

Account Name / Organization: _____

Contact Telephone: _____ Fax: _____

E-mail: _____

- I authorize the K-State Rabies Laboratory to charge my credit card in the amount of \$47.00 for courier delivery of rabies serology results.

Animal Microchip Number(s): _____

Cardholder's Name (As On Card): _____

Type of Card: MasterCard Visa Discover American Express

Card Number: _____

Expiration Date (Month/Year): _____ / _____ CVV Code: _____

Cardholder's Billing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Telephone: _____ Fax: _____

Work Telephone: _____ E-mail: _____

Cardholder's Authorized Signature: _____ Date: _____

If this is an international transaction, please contact your credit card company to preauthorize this charge.

Results will only be sent to the submitting veterinarian's office regardless of who pays for shipping. Results will only be billed to shipping account numbers or credit card. Results will not be sent as 'bill to recipient'.

Each time overnight delivery is requested, this form must accompany the sample submission form.