

Please complete and provide a copy of this form in the Specimen Collection Kit. All information will remain confidential and will be used solely for the purpose of processing your payment.

Cardholder name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Billing address (required): \_\_\_\_\_

City: \_\_\_\_\_ ZIP/Postal code (required): \_\_\_\_\_

Country: \_\_\_\_\_

Email address (required): \_\_\_\_\_

Phone number (optional): \_\_\_\_\_

Credit card type:  Visa  MasterCard  AmEx  JCB  Discover

Credit card number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ / \_\_\_\_\_

Card identification number (three-digit code on back of card): \_\_\_\_\_

Amount to charge:  Invitae genetic analysis, \$1,500 USD per clinical area\*

Invitae genetic analysis, \$250 USD upfront patient pay

Invitae family variant testing, \$200 USD for one gene or \$250 USD for two or more genes

Other (e.g., contracted institution rate): \_\_\_\_\_

I authorize Invitae to charge the amount listed above to my credit card according to the card information provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Note: There may be an additional fee for foreign credit card transactions in your country.

\*Global list price exclusive of distribution fees and VAT.

**For Invitae use only:**

RQ# \_\_\_\_\_

CC Authorization \_\_\_\_\_

**For security purposes, this form will be shredded after your transaction has been processed.**